URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-60-009468

FILED VS MAR 10 1960

Registration District No. 326 Primary Registration District No. _____ Registrar's No. 13

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY Scotland
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Memphis — Length of stay in 1b 5 Months
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Community Nursing Home — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Scotland
c. CITY OR TOWN Gorin — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Ora Middle Viola Last Kraus

4. DATE OF DEATH Month Feb. Day 8, Year 1960

5. SEX F

6. COLOR OR RACE W

7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐

8. DATE OF BIRTH Dec. 16, 1883

9. AGE (last birthday) 76 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Clark County, Mo.

12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Issac Mangle

13b. MOTHER'S MAIDEN NAME Emma Dillenger

14. NAME OF HUSBAND OR WIFE Charles Kraus

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. no

17. INFORMANT Audrey Gooden — Address Hurdland, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Coronary accident.	6 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary artery disease.	3 years
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Sept., 1959, to Feb., 1960 and last saw her/him alive on 1/21/60
Death occurred at a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. E. Gilfillan M.D.

22b. ADDRESS Memphis, Missouri

22c. DATE SIGNED 3/7/60

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE Feb. 10, 1960

23c. NAME OF CEMETERY OR CREMATORY Gorin Cemetery

23d. LOCATION (City, town, or county) (State) Gorin, Missouri

24. FUNERAL DIRECTOR ADDRESS Gott & Baskett Memphis, Mo.

25. DATE RECD. BY LOCAL REG. 3-7-60

26. REGISTRAR'S SIGNATURE Vera G. Turner

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by r

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed George Gerth

Signature of Student Embalmer

Licensed Embalmer No. 5091

P. O. Address_____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.