URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-018517

STATE FILE NUMBER

XC-21364664 REG. [redacted]272

Registration District No. [illegible] Primary Registration District No. 3007 Registrar's No. 314

FILED VS JUN 6 1960

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: POPLAR BLUFF — Length of stay in 1b: 36 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: VETERANS ADM. HOSPITAL — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: DUNKLIN
c. CITY OR TOWN: HORNERSVILLE — Inside Limits: Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location): ROUTE ONE — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: JOHN Middle: STANLEY Last: KRAPF
4. DATE OF DEATH: Month: MAY Day: 20 Year: 1960
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: 2-28-97
9. AGE (last birthday): 63 — 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): CIVIL SERVICE CLERK (RET.)
10b. KIND OF BUSINESS OR INDUSTRY: U.S. GOVERNMENT
11. BIRTHPLACE (City and state or country): HANCOCK, ARKANSAS
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: WILLIAM KRAPF
13b. MOTHER'S MAIDEN NAME: ELIZABETH WILLIAMS
14. NAME OF HUSBAND OR WIFE: NONE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): WWI
16. SOCIAL SECURITY NO.: UNKNOWN
17. INFORMANT: JAKE KRAPF, BRO., RTE.1, HORNERSVILLE, MO — Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CEREBRAL THROMBOSIS. RLB — INTERVAL BETWEEN ONSET AND DEATH: 3 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CEREBRAL ARTERIOSCLEROSIS. RLB — 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 [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. VA attended the deceased from April 14, 1960, to May 20, 1960 ~~and last saw her/him alive on~~
Death occurred at 7:23 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. D. TURNER, M.D., Actg.Chief, Medical Svc. VA Hospital, Poplar Bluff, Mo.
22b. ADDRESS
22c. DATE SIGNED: 5/24/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: 5-21-60
23c. NAME OF CEMETERY OR CREMATORY: Horner Cem.
23d. LOCATION (City, town, or county) (State): Honersville, Mo.

24. FUNERAL DIRECTOR — ADDRESS: Frank-Cotrell Poplar Bluff, Mo.
25. DATE RECD. BY LOCAL REG.: 5/26/60
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF

JUL 8 1960

STATEMENT BY LICENSED EMBALMER 0981 9 NOV JUN 6

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Charles E Mungle

Signature of Student Embalmer

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff

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.