

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

Dr. Enloe

209

STATE FILE NUMBER

60-022687

FILED VS JUN 17 1960 77

Primary Registration District No. 5305 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cole					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Liberty Twnshp		Length of stay in lb 74 yrs		c. CITY OR TOWN R.R.#3, Jeff City, Mo		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R.R.#3, Jeff City, Mo			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Jacob Middle John Last Kraus			4. DATE OF DEATH Month May Day 27 Year 1960						
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH Oct-2-1886		9. AGE (last birthday) 73 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) Cole County, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A		
13a. FATHER'S NAME Peter Kraus			13b. MOTHER'S MAIDEN NAME Sophia Kiesling			14. NAME OF HUSBAND OR WIFE None			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO.		17. INFORMANT Address Leona Mueller, Jefferson City, Mo				
18. CAUSE OF DEATH (Enter only one line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary heart disease								INTERVAL BETWEEN ONSET AND DEATH 6 m	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 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. <input type="checkbox"/> Yes <input type="checkbox"/> N. <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 5/19/55 to 5/27/60 and last saw her alive on 5/26/60 Death occurred at 11:30 m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Thorpe J. Gordon</i> (Degree or title)				22b. ADDRESS				22c. DATE SIGNED 5/31/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 5/30/60		23c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		23d. LOCATION (City, town, or county) Jefferson City, Mo			
24. FUNERAL DIRECTOR Thorpe J. Gordon ADDRESS Jefferson City Mo.				25. DATE RECD. BY LOCAL REG. 4 June 1960		26. REGISTRAR'S SIGNATURE <i>R.P. Norris</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 6 2 707 SA

STATEMENT BY LICENSED EMBALMER

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 _____
Signature of Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address Jeff. City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply 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.