

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-016442

STATE FILE NUMBER

AMENDED

Registration District No. 01 Primary Registration District No. 3708 Registrar's No. 14

FILED MAY 22 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Benton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Benton</u>													
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Williams Township</u>		Length of stay in 1b <u>37 yrs.</u>		c. CITY OR TOWN <u>Williams Township</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>											
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>#3 Cole Camp</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>#3 Cole Camp</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>										
3. NAME OF DECEASED (Type or print) First <u>Walter</u> Middle <u>Siegfried</u> Last <u>Kranz</u>				4. DATE OF DEATH Month <u>May</u> Day <u>11<sup>th</sup></u> Year <u>1961</u>													
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>7-27-1926</u>		9. AGE (last birthday) <u>44</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR Hours Min.					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Layman Pastor</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>Lutheran Church Hosmer, S. Dakota</u>				11. BIRTHPLACE (City and state or country) <u>U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>							
13a. FATHER'S NAME <u>Rudolph Kranz</u>				13b. MOTHER'S MAIDEN NAME <u>Ottillie Gusto</u>				14. NAME OF HUSBAND OR WIFE <u>Helen Kranz</u>									
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W W II</u>				16. SOCIAL SECURITY NO.				17. INFORMANT <u>Helen Kranz Cole Camp, Mo.</u>				Address					
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) <u>Medullary Paralysis</u>										<u>Min</u>							
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										DUE TO (b) <u>Circulatory Failure</u>				<u>HRS</u>			
DUE TO (c) <u>Ventricular Fibrillation</u>										<u>Mos.</u>							
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"/> No <input type="checkbox"/> Unknown									
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u>Aug. 1960</u> to <u>MAY 11<sup>th</sup></u> and last saw <u>him</u> alive on <u>MAY 11<sup>th</sup></u> Death occurred at <u>2:PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.																	
22a. SIGNATURE (Degree or title) <u>Arthur Gonzalez</u>						22b. ADDRESS <u>Cole Camp, Mo.</u>				22c. DATE SIGNED <u>5-13-61</u>							
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 13, 1961</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Brawerville Cemetery</u>				23d. LOCATION (City, town, or county) (State) <u>R#3 Cole Camp Mo.</u>									
24. FUNERAL DIRECTOR <u>E. L. Eickhoff</u>				ADDRESS <u>Cole Camp, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>MAY 13, 1961</u>		26. REGISTRAR'S SIGNATURE <u>E L Eickhoff</u>							

MAY 23 1961

MAY 26 1961

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. H. Eckhoff

Licensed Embalmer No. 730

P. O. Address Col. Camp, Va.

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.