

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-016056

STATE FILE NUMBER

Registration District No. 211 Primary Registration District No. 4324 Registrar's No. 15-62

DO NOT WRITE ON THIS STUB

AMENDED

FILED APR 27 1962

VS 300  
Rev. 4/59

1 0660

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Miller</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Miller</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lake Ozark</u>		Length of stay in lb <u>3 yrs.</u>	c. CITY OR TOWN <u>Lake Ozark</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Hy Line Road</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Hy Line Road</u>		
3. NAME OF DECEASED (Type or print) First <u>MARY</u> Middle Last <u>KRAUSE</u>			4. DATE OF DEATH Month <u>April</u> Day <u>14</u> Year <u>1962</u>			
5. SEX <u>female</u>	6. COLOR OR RACE <u>Caucasian</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>11/25/60</u>	9. AGE (last birthday) <u>101</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Wisconsin</u>	12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Jacob Pfaff</u>			13b. MOTHER'S MAIDEN NAME <u>Barbara Reece</u>		14. NAME OF HUSBAND OR WIFE <u>Daniel Krause</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Mrs. Florida Zattcau</u> Address <u>Lake Ozark, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Emphysema and Dehydration</u> DUE TO (b) <u>Senility</u> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH	
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 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.) <u>..</u>			
20c. TIME OF INJURY Hour <u>..</u> a.m. <u>..</u> p.m. <u>..</u> 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>May 21, 1960</u> to <u>April 14, 1962</u> and last saw her alive on <u>April 13, 1962</u> Death occurred at <u>6:55 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <u>Robert E. Meron D.O.</u> (Degree or title)			22b. ADDRESS <u>Lake Ozark, Mo</u>		22c. DATE SIGNED <u>April 14, 1962</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/17/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hills of Rest</u>		23d. LOCATION (City, town, or county) <u>Joliet, Illinois</u>		
24. FUNERAL DIRECTOR <u>Phillips Funeral Home, Eldon, Mo.</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>April 17, 1962</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. D. E. Kallenbach</u>	

USE BLACK INK OR TYPEWRITER RIBBON

**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 Don E. Phillips

Licensed Embalmer No. 5108

P. O. Address Eldon

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.