

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-044061
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5864

FILED NOV 21 1963

VS 300 Rev. 4/59	1	2270	3	4	0	5	2	6	7	0	8	2	94500	10	11	1286-2	13
DATE AMENDED			AMENDMENTS ON THIS RECORD ARE AS FOLLOWS			INSTEAD OF			DOCUMENT			MEDICAL CERTIFICATION			BY AFFIDAVIT OF		
SHOULD READ			D. Schwab			ITEM NO.			SHOULD READ			SHOULD READ			SHOULD READ		

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Length of stay in 1b <u>2 years</u>		c. CITY OR TOWN <u>Pilot Grove</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>Little Sister of the Poor</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>WILLIAM</u> Middle _____ Last <u>KRAUS</u>			4. DATE OF DEATH Month <u>10</u> Day <u>25</u> Year <u>63</u>		5. SEX Male		6. COLOR OR RACE <u>White</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>11-9-1879</u>		9. AGE (last birthday) <u>83</u>		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) <u>Retired Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and state or country) <u>Pilot Grove, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		
13a. FATHER'S NAME <u>Anthony Kraus</u>			13b. MOTHER'S MAIDEN NAME <u>Walburger Nold</u>			14. NAME OF HUSBAND OR WIFE <u>Rose Twenter Kraus</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Unknown</u>			16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Theodore Kraus Pilot Grove, Missouri</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>Hypostatic PNEUMONIA</u> DUE TO (b) <u>CARDIAL DECOMPENSATION</u> DUE TO (c) <u>ARTEROSCLEROSIS</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								INTERVAL BETWEEN ONSET AND DEATH	
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 <u>Pilot Grove, Missouri</u>		COUNTY _____ STATE _____	
21. I attended the deceased from <u>1959</u> to <u>10-25-1963</u> and last saw her/him alive on <u>10-25-1963</u> Death occurred at <u>8:30</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.								22c. DATE SIGNED <u>10-28-63</u>	
22a. SIGNATURE (Degree or title) <u>J. D. Church DO</u>				22b. ADDRESS <u>1312 U.S. 71 Grandview Mo</u>				22c. DATE SIGNED <u>10-28-63</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>10-28-63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>St. Joseph Cemetery</u>		23d. LOCATION (City, town, or county) <u>Pilot Grove, Missouri</u>			
24. FUNERAL DIRECTOR ADDRESS <u>Hays Painter F. H. Pilot Grove, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>10-29-63</u>		26. REGISTRAR'S SIGNATURE <u>Bessie Smith</u>			

DEC 4 1963

X

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 Terrest D. Coldman

Licensed Embalmer No. 4714

P. O. Address K. E. W.

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.