

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000601

FILED VS. JAN 25 1960

53

Registration District No. 3009 Registrar's No. 31

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

| | | | | | |
|---|---|---|---|--|--|
| 1. PLACE OF DEATH a. COUNTY Cape Girardeau | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Cape | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson, Mo | | Length of stay in 1b | c. CITY OR TOWN Jackson Mo | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION In his home | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 215 Cherry | |
| 3. NAME OF DECEASED (Type or print) First Paul Middle T Last Kranawetter | | | 4. DATE OF DEATH Month 1 Day 15 Year 80 | | |
| 5. SEX M | 6. COLOR OR RACE W | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 2/5/1876 | 9. AGE (last birthday) 83 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY none | 11. BIRTHPLACE (City and state or country) New Wells, Mo | | 12. CITIZEN OF WHAT COUNTRY USA |
| 13a. FATHER'S NAME Joseph Kranawetter | | 13b. MOTHER'S MAIDEN NAME Ernestine Ruhing | | 14. NAME OF HUSBAND OR WIFE Buhla Krenawetter | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | | 16. SOCIAL SECURITY NO. 490-24-8769 | 17. INFORMANT Address Mrs Paul Kranawetter Jackson | | |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) ✓ | | | | | INTERVAL BETWEEN ONSET AND DEATH 12 hrs 10 yrs |
| 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.) | | | |
| 20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Mar 1957 to Jan 16-60 and last saw her alive on Jan 16-60 Death occurred at 6:30 PM - 1-18-60 on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) D. G. Suber | | | 22b. ADDRESS Jackson Mo | | 22c. DATE SIGNED 1-18-60 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 1/18/60 | 23c. NAME OF CEMETERY OR CREMATORY Russell Heights | | 23d. LOCATION (City, town, or county) Jackson Mo | (State) |
| 24. FUNERAL DIRECTOR McCombs | | ADDRESS Jackson, Mo | | 25. DATE RECD. BY LOCAL REG. 1-19-1960 | 26. REGISTRAR'S SIGNATURE Dorene Kasten |

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 Bruce Jackson, Student Embalmer No. 598

working under my personal supervision.

Student Bruce Jackson
Signature of Student Embalmer

Signed B A Meyer

Licensed Embalmer No. 3051

P. O. Address Jackson 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.