

FILED JUL 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22103**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **747**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2938 Sylvania Street		d. STREET ADDRESS (If rural, give location) 2938 Sylvania Street	

3. NAME OF DECEASED (Type or Print) a. (First) MINNA b. (Middle) KRAUSE c. (Last) BEERY			4. DATE OF DEATH (Month) (Day) (Year) July 4th 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH December 14-1873		9. AGE (In years last birthday) 80Yrs		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife, at home.	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Platte City, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME Fred Krause		13b. MOTHER'S MAIDEN NAME Nancy Ann Duncan		14. NAME OF HUSBAND OR WIFE Sidney Beery	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Eda K. Morgan (sister) St. Joseph, Mo	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Atherosclerosis heart disease		DUE TO (b) Atherosclerosis, generalized				2 years.	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)				10 years.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 1/200				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **Dec. 23, 1946**, to **July 4, 1954**, that I last saw the deceased alive on **July 3, 1954**, and that death occurred at **3:45 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William P. McDonald M. D.		23b. ADDRESS 301 N. 8th St., St. Joseph, Mo.		23c. DATE SIGNED July 6, 1954	
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24a. BURIAL, CREMATION, REMOVAL (Specify) (Burial)		24b. DATE July 7th 1954		24c. NAME OF CEMETERY OR CREMATORY Platte City Cemetery		24d. LOCATION (City, town, or county) (State) Platte City, Missouri	
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DATE REC'D BY LOCAL REG. July 10, 1954		REGISTRAR'S SIGNATURE Kathleen M. Allison 485		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Meierhoff & Fleeman St. Joseph, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

APR 29 1953

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
Student Embalmer

Signed Raymond W. Harbeck

Licensed Embalmer No. 4413

P. O. Address St Joseph 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 this body is not embalmed, fact should be so stated above.