

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

15315

State File No. ....

FILED MAY 31 1955

BIRTH NO. _____		REG. DIST. NO. 141		PRIMARY REG. DIST. NO. 3025		Registrar's No. 27			
1. PLACE OF DEATH a. COUNTY <i>Nevada</i>				2. USUAL RESIDENCE (Where deceased lived... If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Nevada</i>					
b. CITY (If outside corporate limits, write RURAL and give township) <i>West Plains</i>		c. LENGTH OF STAY (In this place) <i>None</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>West Plains</i>		d. STREET ADDRESS (If rural, give location) <i>0467</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)					
3. NAME OF DECEASED (Type or Print) a. (First) <i>Joseph</i> b. (Middle) <i>Krause</i> c. (Last) <i>Krause</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>5-12-55</i>						
5. SEX <i>M</i>		6. COLOR OR RACE <i>W</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>W</i>		8. DATE OF BIRTH <i>5-14-1883</i>			
9. AGE (In years last birthday) <i>71</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Farmer</i>		11. BIRTHPLACE (State or foreign country) <i>Nevada</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?			
13a. FATHER'S NAME <i>Wm Krause</i>			13b. MOTHER'S MAIDEN NAME <i>Emmalene Perry</i>			14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME, ADDRESS <i>Effie Krause, Nevada, Calif</i>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Bronchopneumonia</i>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arthritis Deformans</i> DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>491x</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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 <i>May 9, 1955</i> , to <i>May 12, 1955</i> , that I last saw the deceased alive on <i>May 9, 1955</i> , and that death occurred at <i>5:00 A. m.</i> , from the causes and on the date stated above.									
23a. SIGNATURE (Name or title) <i>Dr. Richard A. Smith</i>				23b. ADDRESS <i>D. O. 413 W. Main West Plains, Mo.</i>		23c. DATE SIGNED <i>5-19-55</i>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <i>3/15-55</i>		24c. NAME OF CEMETERY OR CREMATORY <i>South Fork</i>		24d. LOCATION (City, town, or county) (State) <i>South Fork Mo</i>			
DATE REC'D BY LOCAL REG. <i>5-27-55</i>		REGISTRAR'S SIGNATURE <i>Beatrice Cook</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Robert M. Mathews</i>		ADDRESS <i>Mo</i>			

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

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

*A. A. Roberts*

Licensed Embalmer No. *3437*

P. O. Address *West Main St*

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.