

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27587

590

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

FILED SEP 10 1951

REG. DIST. NO. 191 PRIMARY REG. DIST. NO. 4303 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <i>Calderwood, Ironvaton</i>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before death.) a. STATE <i>Missouri</i> b. COUNTY <i>Calderwood</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Mooreville</i> c. LENGTH OF STAY (In this place) <i>15 yrs</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Mooreville</i> <i>0590</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <i>Hi Way 36, in town</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>Charles Cole</i> b. (Middle) <i>Cramer.</i> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <i>Aug 21 1951</i>
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5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>April 7, 1881</i>	9. AGE (In years last birthday) Months Days Hours Mtn. <i>70 4 14 - -</i>
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10. USUAL OCCUPATION (Give kind of work done during most of working life) <i>Farmer/Retired</i>	11. BIRTHPLACE (State or foreign country) <i>N.Y. twp. Calderwood Co. Mo.</i>	12. CITIZEN OF WHAT COUNTRY <i>U.S.A.</i>
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13a. FATHER'S NAME <i>David Cramer</i>	13b. MOTHER'S MAIDEN NAME <i>Fannie S. Jokes</i>	14. NAME OF HUSBAND OR WIFE <i>Margaret Ellen Cramer</i>
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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) <i>No</i>	16. SOCIAL SECURITY NO. <i>488-14-7349</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Densil Cramer</i> ADDRESS <i>Mooreville, Mo.</i>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>24 hrs</i> <i>75 yrs</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Apoplexy Hypertension</i>	DUE TO (b) <i>arterio sclerotic hypertension</i>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (c)		
	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 <i>334X</i>	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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from *Aug 20*, 1951, to *Aug 21*, 1951, that I last saw the deceased alive on *Aug 21*, 1951, and that death occurred at *7 A.* m., from the causes and on the date stated above.

23a. SIGNATURE <i>J. W. Webb M.D.</i> (Degree or title)	23b. ADDRESS <i>Breakeridge, Mo.</i>	23c. DATE SIGNED <i>8-21-51</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>Aug 23 1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Highland Cem.</i>	24d. LOCATION (City, town, or county) (State) <i>Hamilton Mo</i>
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DATE REC'D BY LOCAL REG. <i>Aug 25 1951</i>	REGISTRAR'S SIGNATURE <i>Hester L. Cuning</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Brown Funeral Home</i> ADDRESS <i>Hamilton Mo.</i>
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**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 \_\_\_\_\_

working under my personal supervision.

Signed.....  
Student Embalmer

Signed.....

Student Embalmer No. ....

Licensed Embalmer No. 3057

P. O. Address Hamilton, 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.