

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12268

State File No. ....

24

BIRTH NO. ....		REG. DIST. NO. <u>52</u>	PRIMARY REG. DIST. NO. <u>5181</u>	Registrar's No. ....
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Apple Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Louis</u> 2199		
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>4363 McFurcin</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>7 Mi. N. Jackson</u>				
3. NAME OF DECEASED (First) (Type or Print) <u>Frankie Cleveland Gramling</u>		b. (Middle)		c. (Last)
4. DATE OF DEATH (Month) (Day) (Year) <u>April 26 52</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 13 1936</u>	9. AGE (In years last birthday) <u>22</u> 10. UNDER 1 YEAR <u>3</u> 11. UNDER 12 HRS. <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Arkansas</u>
<u>Shipping Clerk</u>				12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Ester Gramling</u>		13b. MOTHER'S MAIDEN NAME <u>Cordie May</u>		14. NAME OF HUSBAND OR WIFE <u>Beatrice Gramling</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. <u>489-34-724</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Beatrice Gramling</u> ADDRESS <u>St. Louis</u>
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple fractures of head, as the result of automobile accident.</u> of automobile accident. DUE TO (b) <u>Lights of Car going out &amp; Car going down a 20ft Embankment &amp; turning over resting on his head</u> DUE TO (c) <u>loss of blood</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>  58234 32		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Hanks Tavern H.W. 25</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Hanks Tavern Cape Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) <u>April 25 52 P.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Lights of auto went out, &amp; auto left high-</u>
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.				
23a. SIGNATURE <u>E. P. Dickert</u> (Degree or title) <u>Coroner</u>		23b. ADDRESS <u>4 S. Pacific St Cape Girardeau, Mo</u>		23c. DATE SIGNED <u>Apr. 25. 52</u>
24a. BURIAL, CREMATION, OR OTHER DISPOSITION <u>buried</u>		24b. DATE <u>Apr 28. 52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Louis</u>
24d. LOCATION (City, town, or county) (State)		25. FUNERAL DIRECTOR'S SIGNATURE <u>Deneke Laird Jackson</u> ADDRESS <u>Mo</u>		
DATE REC'D BY LOCAL REG. <u>Apr 28. 52</u>		REGISTRAR'S SIGNATURE <u>E. P. Dickert</u> 43		

(Licensed Embalmer's Statement on Reverse Side)

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

160  
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MAY 5 - 1952

MAY 6 1952

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.

Student Embalmer No.....

Signed.....

*R. O. Laird*

Signed.....

Student Embalmer

Licensed Embalmer No. 4538

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 this body is not embalmed, fact should be so stated above.