

No. 300  
0.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18612

State File No. ....

FILED MAY 18 1953

BIRTH NO. _____		REG. DIST. NO. <u>184</u>	PRIMARY REG. DIST. NO. <u>3038</u>	Registrar's No. <u>295</u>
1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>		
b. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield</u> OR TOWN <u>0582</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>522 Linn</u> <u>0</u>		

3. NAME OF DECEASED (Type or Print) <u>Olive</u>		a. (First)	b. (Middle)	c. (Last) <u>Cramer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 14 1953</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Feb. 20 1909</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>24</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Hospital operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Nursing</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Near King City Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>James Guest</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		13c. NAME OF HUSBAND OR WIFE <u>Henry Cramer</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Beverly Leon Brookfield</u> ADDRESS <u>Brookfield Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>12 months from May 1952 to 11/53</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Lower Pneumonia</u> 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 <u>none</u>	19b. MAJOR FINDINGS OF OPERATION <u>490X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Brookfield Linn Mo</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 May 1952 to May 14, 1953, that I last saw the deceased alive on 5/14, 1953, and that death occurred at 7 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W.B. Simpson</u> (Degree or title) <u>DO.</u>	23b. ADDRESS <u>Brookfield Mo</u>	23c. DATE SIGNED <u>5/15/53</u>
---	-----------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 17 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St Michael</u>	24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo</u>
DATE REC'D BY LOCAL REG. <u>5-15-53</u>	REGISTRAR'S SIGNATURE <u>Nadine Standauch</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Harold Borden</u> ADDRESS <u>Brookfield Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

82  
11

**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 *James B. McCelland*

Licensed Embalmer No. *4230*

P. O. Address *Bronfide 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.