

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27924

State File No. ....

FILED AUG 24 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 279

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

1. PLACE OF DEATH a. COUNTY <b>CALLOWAY MISSOURI</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MORGON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FULTON MISSOURI</b>		c. CITY OR TOWN <b>FLORENCE MO</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (In this place) <b>7 Days</b>		e. STREET ADDRESS (If rural, give location) <b>R. F. 0710</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>STATE HOSPITAL NOL</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>DAVID</b>	b. (Middle) <b>M</b>	c. (Last) <b>Cramer</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>AUGUST 13 1953</b>
-------------------------------------	-------------------------	----------------------	-------------------------	---

5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widower</b>	8. DATE OF BIRTH <b>Feb- 24 1868</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR Months <b>5</b> Days <b>13</b>	IF UNDER 1 HR. Hours <b></b> Min. <b></b>
--------------------	-------------------------------	---	--------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpenter</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>carpentertry</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Morgon County Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>
--	---	--	--

13a. FATHER'S NAME <b>Caleb Cramer</b>	13b. MOTHER'S MAIDEN NAME <b>Hannie A Newman</b>	14. NAME OF HUSBAND OR WIFE
--	--	-----------------------------

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Not Given</b>	16. SOCIAL SECURITY NO. <b>Not Given</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Hospital Records</b> ADDRESS <b>FULTON MO</b>
--	--	--

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. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Chronic Myo-Carditis</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Generalized Arterio-Sclerosis</b> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Long standing</b>	

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)	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 AUG 5th 1953, to Aug-13-53, that I last saw the deceased alive on AUG-12-53, and that death occurred at 10:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Henry Fowler M.D.</b>	23b. ADDRESS <b>Fulton Mo</b>	23c. DATE SIGNED <b>8/13/53</b>
---	-------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL DATE <b>AUG. 25/53</b>	24c. NAME OF CEMETERY OR CREMATORY <b>SYRACUSE</b>	24d. LOCATION (City, town, or county) (State) <b>SYRACUSE MO.</b>
--	--	---

DATE REC'D BY LOCAL REG. <b>Aug-22-1953</b>	REGISTRAR'S SIGNATURE <b>Maretha Lawrence</b>	426-0	25. FUNERAL DIRECTOR'S SIGNATURE <b>A. F. Newman</b> ADDRESS <b>Smithton Mo</b>
---	---	-------	---

---

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.....  
Signature of Student Embalmer

Signed..... *A. F. Neumann*

Licensed Embalmer No. *3912*

P. O. Address *Smithton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.