

FILED AUG 3-1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22235**
2990

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Wyandotte					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (In this place) 4 weeks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		815 ⁰ 8			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				d. STREET ADDRESS (If rural, give location) X 920 Reynolda Avenue					
3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) _____ c. (Last) Kramer			4. DATE OF DEATH (Month) (Day) (Year) July 11, 1955						
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Oct. 21, 1883	9. AGE (In years last birthday) 71	<input type="checkbox"/> UNDER 1 YEAR <input type="checkbox"/> UNDER 10 Hrs.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 1950 Ely, Opr.		10b. KIND OF BUSINESS OR INDUSTRY Court House, K.C.K.		11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Kansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Mathew Kramer			13b. MOTHER'S MAIDEN NAME Mary Buemeler		14. NAME OF HUSBAND OR WIFE _____				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY (If yes, give war or dates of service) 509-20-1603 NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Joseph Kramer, 920 Reynolds, K.C.K.					
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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Arteriosclerosis</u>				DUE TO (b) <u>Coronary Sclerosis</u>				1 month	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Hypertensive Cardiovascular Disease</u>				15-year 4201	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								25-year	
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 <u>June 5, 1955</u> , to <u>July 11, 1955</u> , that I last saw the deceased alive on <u>July 11, 1955</u> , and that death occurred at <u>6:45 P.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W. W. Dodson M.D.</u> (Degree or title) MD				23b. ADDRESS Kansas City, Missouri		23c. DATE SIGNED 7/13/1955			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7/14/1955		24c. NAME OF CEMETERY OR CREMATORY St. John's Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas			
DATE REC'D BY LOCAL REG. 7-13-55		REGISTRAR'S SIGNATURE <u>Norma Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Jos. A. Butler's Sons, Kansas City, Kansas					

(Licensed Embalmer's Statement on Reverse Side)

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 _____



Licensed Embalmer No. 3426 Missouri

P. O. Address Kansas City 2, Kansas.

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.