

FILED FEB 3 1956

STANDARD CERTIFICATE OF DEATH

State File No. 1650

23

BIRTH NO.		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No.	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Jasper			
b. CITY (If possible corporate limits write RURAL and give township) OR TOWN Carthage		c. LENGTH OF STAY (In this place) 1 WK		c. CITY OR TOWN Carthage		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Mc Lane Brook				e. STREET ADDRESS (If rural, give location) Mo R 7 D 0490			
3. NAME OF DECEASED a. (First) Charley L. Cramer			b. (Middle)		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) Jan 24 - 56
5. SEX M	6. COLOR OR RACE wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH 3-28-1888		9. AGE (In years last birthday) 66	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Kirksville Mo		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Daniel Cramer		13b. MOTHER'S MAIDEN NAME Ada Cramer		14. NAME OF HUSBAND OR WIFE Nora E. Cramer			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. 570-07-6986		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Nora E. Cramer Suedrichmo			
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, ashenia, 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) Superior Mesenteric Thrombosis 1 wk.						
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)						
	DUE TO (c) 5702						
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. arteriosclerosis						
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) None		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) None m.		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 Jan 17, 1956, to Jan 24, 1956, that I last saw the deceased alive on Jan 24, 1956 and that death occurred at 6:45 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) George H. Wood M.D.				23b. ADDRESS Carthage Mo		23c. DATE SIGNED 1/25/56	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 1-27-56	24c. NAME OF CEMETERY OR CREMATORY Carthage		24d. LOCATION (City, town, or county) (State) Carthage Mo		
DATE REC'D BY LOCAL REG. 1-26-56		REGISTRAR'S SIGNATURE Ely Clinton		FUNERAL DIRECTOR'S SIGNATURE Jackson & Sons		ADDRESS Carthage Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED FEB 1 1956
Jasper County Health Office
County File Number 56-2-113
Date Filed FEB 1 1956

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. me working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Wm K Jackson
Licensed Embalmer No. 295
P. O. Address Searcy

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.