

FILED MAY 20 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **17007**
1973

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1202</u>		Registrar's No. <u>1973</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before)			
a. COUNTY <u>Jackson</u>		b. CITY (If outside corporate limits, write RURAL and give town) <u>Kansas City</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Jackson</u>	
c. LENGTH OF STAY (in this place) <u>1 year</u>		c. CITY OR TOWN <u>Sedalia Kansas City</u>		c. CITY OR TOWN <u>Sedalia Kansas City</u>		Is Residence in a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>				STREET ADDRESS (If rural, give location) <u>13400 15322 East 30th St.</u>			
3. NAME OF DECEASED			4. DATE OF DEATH				
a. (First) <u>Mary</u>		b. (Middle) <u>A.</u>		c. (Last) <u>Cramer</u>		Date (Month) (Day) (Year) <u>Apr. 26-1957</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>WO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>Jan. 18, 1877</u>		9. AGE (in years last birthday) <u>80</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Florence, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Matt Johnson</u>			13b. MOTHER'S MAIDEN NAME <u>Ella Mayfield</u>		14. NAME OF HUSBAND OR WIFE <u>William D. Cramer</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		INFORMANT'S SIGNATURE OR NAME <u>Miss Beatha Mooney</u> ADDRESS <u>2800 Chelsea</u>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>acute myocardial infarction</u>					<u>3 weeks</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u>					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					<u>4201</u>
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
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)		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>4/3</u> , 1957, to <u>4/26</u> , 1957, that I last saw the deceased alive on <u>Jan. 25</u> , 1957, and that death occurred at <u>7:30 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Herbert S. Valentine</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>1500 Professional Bldg</u>		23c. DATE SIGNED <u>4/26/57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-29-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crown Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-26-57</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gillispie Fun. Home</u> ADDRESS <u>Sedalia, Mo.</u>			

(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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. *J. W. Pugh*

P. O. Address *K.C.*

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.