

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23900**

FILED AUG 5 1957

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence/before admission). a. STATE <u>INDIANA</u> b. COUNTY <u>LAKE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>EXCELSIOR SPRINGS</u>		c. LENGTH OF STAY (in this place) <u>24 DAYS</u>	c. CITY OR TOWN <u>HAMMOND</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>EXCELSIOR SPRINGS HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>7142 JEFFERSON ST</u> 8138	

3. NAME OF DECEASED a. (First) <u>CHARLES</u> b. (Middle) <u>J.</u> c. (Last) <u>CRAMER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 19 1957</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>6-7-1902</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>POSTAL EMPLOYEE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HAMMOND POST OFFICE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>WICHITA, KANSAS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>UNKNOWN</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>GENEVIEVE V. CRAMER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>✓</u>	16. SOCIAL SECURITY NO. <u>306-10-0149</u>	17. INFORMANT'S SIGNATURE OR NAME <u>GENEVIEVE CRAMER</u> ADDRESS <u>7142 JEFFERSON ST. HAMMOND, INDIANA</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Previous Acute Coronary Thrombosis</u>		<u>26 days</u>
		DUE TO (c) <u>Arteriosclerosis</u>		<u>years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Cerebral Decompensation at onset of Coronary Occlusion</u>		<u>26 days</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>7 1st Coronary Occlusion (Controlled)</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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>4201</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 26 June, 1957, to 12 July, 1957, that I last saw the deceased alive on 19 July, 1957, and that death occurred at 2 1/2 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Regina Bohbauer</u> (Degree or title) <u>Dr.</u>	23b. ADDRESS <u>Excelsior Springs, Mo</u>	23c. DATE SIGNED <u>7/19/57</u>
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24a. BURIAL CREMATION, REMOVAL (Specify) <u>REMOVAL</u>	24b. DATE <u>7-20-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>UNKNOWN</u>	24d. LOCATION (City, town, or county) (State) <u>HAMMOND, INDIANA</u>
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DATE REC'D BY LOCAL REG. <u>7-26-57</u>	REGISTRAR'S SIGNATURE <u>Caroline Hutchings</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Prichard Funeral Home, Inc.</u> ADDRESS <u>Excelsior Springs, Missouri</u>
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WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

No. 300
10.48



AUG 5 1957
AUG 9 1957

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 *Lindell Jarman*

Licensed Embalmer No. *458*
P. O. Address *Excelsior Springs*

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.