

FILED SEP 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30846

STATE FILE NUMBER

Registration District No. 38 Primary Registration District No. 5120 Registrar's No. 357

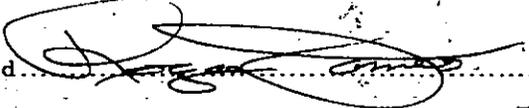
| | | | | | | | |
|--|----------------------------------|---|--|--|--|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Boone</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u> | | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR <u>Columbia</u> TOWN | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | c. CITY OR TOWN <u>Columbia</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Highway 63 North</u> | | | Length of stay in 1b <u>20 Yrs.</u> | d. STREET ADDRESS (If outside, give location) <u>1512 Richardson St.</u> | | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First <u>PHILIP</u> Middle <u>GENE</u> Last <u>CRAMER</u> | | | | 4. DATE OF DEATH Month <u>Sept.</u> Day <u>26</u> Year <u>1957</u> | | | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | | 8. DATE OF BIRTH <u>Oct. 16, 1930</u> | | 9. AGE (In years last birthday) <u>26</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Tavern Operator</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Tavern Operator</u> | | 11. BIRTHPLACE (City and state or country) <u>Cowgill, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13. FATHER'S NAME <u>Herman Cramer</u> | | | | 14. MOTHER'S MAIDEN NAME <u>Anna Berry</u> | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. <u>-</u> | | 17. INFORMANT <u>Mrs. Anna Cramer, 1512 Richardson St.</u> Address <u>Columbia, Mo.</u> | | | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Traumatic injuries resulting from severe lincolny crushed skull</u> | | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>instant death</u> | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | | | DUE TO (b) _____ DUE TO (c) _____ | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a). | | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>car in which he was a passenger crashed</u> | | | | |
| 20c. TIME OF INJURY Hour <u>9:40</u> a. m. <u>9/26/57</u> Month, Day, Year <u>into abutment of steel bridge</u> | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 20e. PLACE OF INJURY (e. g., in- or about home, farm, factory, street, office bldg., etc.) <u>Columbia</u> | | 20f. CITY, TOWN, OR LOCATION <u>Boone</u> | | STATE <u>Mo</u> | |
| 21. I attended the deceased from <u>Coroner's Case</u> and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | |
| 22a. SIGNATURE <u>Walter Neal M.D.</u> (Degree or title) | | | | 22b. ADDRESS <u>Columbia, Mo.</u> | | 22c. DATE SIGNED <u>9/26/57</u> | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>Sept. 28, 1957</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u> | | 23d. LOCATION (City, town, or county) (State) <u>Columbia, Mo</u> | | |
| 24. FUNERAL DIRECTOR <u>Parker Funeral Service, Columbia, Mo.</u> ADDRESS | | | | 25. DATE RECD. BY LOCAL REG. <u>Sept 27 1957</u> | | 26. REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u> | |

OCT 4 1951

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. 50

P. O. Address Columbia

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
(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.