

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 220

FILED FEB 3 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 220

Health, Welfare, Public Service

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-57

M.B. Casebolt
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
All diseases in Part I must be causally related.

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 100 E. 36th, Conv. Home		Length of stay in lb 65 Yrs		d. STREET ADDRESS 8459 Oldham Rd		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Roy Middle A. Last Cramer				4. DATE OF DEATH Month Jan Day 13 Year 1958			
5. SEX Male	6. COLOR OR RACE Cau	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 24, 1884	9. AGE (In years last birthday) 72 3/4	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min.	IF UNDER 24 HRS. Hours 0 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Chairman of Board		10b. KIND OF BUSINESS OR INDUSTRY Posture Chair Co.		11. BIRTHPLACE (City and state or country) West Virginia		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME J. W. Cramer		13b. MOTHER'S MAIDEN NAME Anna E. Wehner		14. NAME OF HUSBAND OR WIFE Anna B. Cramer			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 488-32-7035		17. INFORMANT Harold W. Cramer		Address 8421 Oldham Rd.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion						INTERVAL BETWEEN ONSET AND DEATH 2 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b) Cholelithiasis 5 yrs	
						DUE TO (c) Arteriosclerosis 5 yrs	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, but not based on the terminal disease condition given in PART I (a) 20 cabbets						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input 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.) none				
20c. TIME OF INJURY Hour none a.m. none p.m. none							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none		20f. CITY, TOWN, OR LOCATION 1-13-58		COUNTY STATE	
21. I attended the deceased from June 1957 and last saw her alive on Jan 13, 1958 Death occurred at 6-19- m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) M. Casebolt MD				22b. ADDRESS 4000 Belton Rd. Mo		22c. DATE SIGNED 1-14-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-15-1958	23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Mo.		
24. FUNERAL DIRECTOR Melody McGilky Elyar 1800 Linwood				ADDRESS	25. DATE RECD. BY LOCAL REG. 1-15-58	26. REGISTRAR'S SIGNATURE neva Minshel	

Dr. M.B. Pace

4000 Baltimore

VA 15115

3-7 PM



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 *James W. Wain*

Licensed Embalmer No. *4650*

P. O. Address *K.C. Mo.*

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.