Health, & Welfare Public Service

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1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-010384
STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 244 Primary Registration District No. 2052 Registrar's No. 127

1. PLACE OF DEATH a. COUNTY Pettis	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia — Inside Limits Yes [X] No [ ]	c. CITY OR TOWN Sedalia — Inside Limits Yes [ ] No [X]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell hospital — Length of stay in 1b: 3 months	d. STREET ADDRESS (If outside, give location) Route 1 — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print)	First JOHN	Middle ANTONE	Last CRAMER	4. DATE OF DEATH Month April Day 7 Year 1959

5. SEX Male	6. COLOR OR RACE White	7. MARRIED [X] NEVER MARRIED [ ] WIDOWED [ ] DIVORCED [ ]	8. DATE OF BIRTH Nov. 24, 1881	9. AGE (In years last birthday) 77	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) Retired concrete finisher	10b. KIND OF BUSINESS OR INDUSTRY Const. Work	11. BIRTHPLACE (City and state or country) Benton County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME David B. Cramer	13b. MOTHER'S MAIDEN NAME Nancy Todd	14. NAME OF HUSBAND OR WIFE Mary Louise Schick

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) No	(If yes, give war or dates of service) **********	16. SOCIAL SECURITY NO. 491-07-7585	17. INFORMANT Address Mrs. Mary Louise Cramer, Rt. 1, Sedalia, Mo.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease — INTERVAL BETWEEN ONSET AND DEATH 2 years

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) 4200

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 4-6-59, to 4-7-59 and last saw him alive on 4-7-59

Death occurred at 7:35 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE T. S. Higgins,	(Degree or title) M.D.	22b. ADDRESS 1609 S. Limit Sedalia, Mo.	22c. DATE SIGNED 4-7-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/9/59	23c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery	23d. LOCATION (City, town, or county) (State) Sedalia, Missouri

24. FUNERAL DIRECTOR Shane Funeral	ADDRESS Sedalia, Missouri	25. DATE RECD. BY LOCAL REG. Apr 8 1959	26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

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 R. E. Baker

Licensed Embalmer No. 2419

P. O. Address Sedalia M

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.