

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017667

STATE FILE NUMBER

FILED MAY 29 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2170

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|---|--|---|---|
| 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 | | c. CITY OR TOWN KANSAS CITY | |
| c. FULL NAME OF (If NOT a hospital or institution) 1900 E. Linwood Bud. 37yrs | | d. STREET ADDRESS (If outside, give location) 1900 E. Linwood Bud | |
| 3. NAME OF DECEASED (Type or print) First Middle Last Mildred Jane Cramer | | | 4. DATE OF DEATH Month Day Year April 30 1959 |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/> | 8. DATE OF BIRTH JAN 27-1913 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) lawyer | | 10b. KIND OF BUSINESS OR INDUSTRY Self | 9. AGE (In years last birthday) 46 IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 11. BIRTHPLACE (City and state or country) Joplin Missouri | 12. CITIZEN OF WHAT COUNTRY? U.S. |
| 13a. FATHER'S NAME James B. Moore | | 13b. MOTHER'S MAIDEN NAME Unknown | 14. NAME OF HUSBAND OR WIFE |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give branch or dates of service) No None | | 16. SOCIAL SECURITY NO. None | 17. INFORMANT Mrs Walter Kellee 5553 Mission Wds Rd K.C. 31 Kan |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHIAL PNEUMONIA | | | INTERVAL BETWEEN ONSET AND DEATH 60 Hours |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) Multiple Sclerosis | | | Several years |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 345x | | | 18. 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.) | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | 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.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from November 1958 to 4-30-59 and last saw her/him alive on 4/29/59 Death occurred at 6:15 p.m. on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Geo F. Cooper (Degree or title) M.D. | | 22b. ADDRESS 1220 E. 31st K.C. Mo | 22c. DATE SIGNED 5-1-59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION | 23b. DATE MAY 4-1959 | 23c. NAME OF CEMETERY OR CREMATORY Elmwood Crematory | 23d. LOCATION (City, town, or county) (State) KANSAS CITY Missouri |
| 24. FUNERAL DIRECTOR Eates 1901 Olathe Bldg. KANSAS CITY 3 Kan | | 25. DATE RECD. BY LOCAL REG. 5-1-59 | 26. REGISTRAR'S SIGNATURE Irene Minshall |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Leo F. Cooper

All diseases in Part I must be causally related.



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 *Paul R. Williamson*

Licensed Embalmer No. *5099*.....
P. O. Address *Overland*.....

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.