

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-037378

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 520

FILED NOV 14 1961

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Joplin</u>	Length of stay in 1b <u>15 Days</u>	c. CITY OR TOWN <u>Sarcoxie</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>Joplin General Hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>11. 5th. St.</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Edgar</u> Middle <u>Cramer</u> Last <u>Cramer</u>			4. DATE OF DEATH Month <u>Oct.</u> Day <u>25</u> Year <u>1961</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Aug. 8, 1893</u>	9. AGE (last birthday) <u>68</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Pepsi Cola Co.</u>		11. BIRTHPLACE (City and state or country) <u>Sarcoxie, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John E. Cramer</u>			13b. MOTHER'S MAIDEN NAME <u>Harriet McPheeters</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Elizabeth Fullerton</u>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
no

17. INFORMANT Sarcoxie, Mo.
Mrs. Elizabeth Fullerton

18. CAUSE OF DEATH (Enter only one cause only for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Medullary Paralysis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>16 days</u>
DUE TO (b) <u>Thrombotic Encephalomalacia</u>		<u>Unknown</u>
DUE TO (c) <u>Arteriosclerosis</u>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

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.)	
20c. TIME OF INJURY Hour <u> </u> a.m. <u> </u> p.m. <u> </u>	Month, Day, Year <u> </u> <u> </u> <u> </u>		

20d. INJURY OCCURRED WHILE AT WORK <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 10-9-61 to 10-25-61 and last saw her/him alive on 10-24-61
Death occurred at 6:40 A. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>[Signature]</u>	22b. ADDRESS <u>0. Sarcoxie, Mo.</u>	22c. DATE SIGNED <u>10-26-61</u>
--	---	-------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>10-27-61</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Sarcoxie Cemetery</u>	23d. LOCATION (City, town, or county) <u>Sarcoxie, Mo.</u>	(State)
--	------------------------------	--	---	---------

24. FUNERAL DIRECTOR <u>Ulmer-Moss Funeral Home, Sarcoxie, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>11-7-1961</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
---	--	---

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, 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.