

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-006137

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 47

FILED MAR 13 1963
Grundy Co.

1. PLACE OF DEATH COUNTY <u>Grundy Co.</u> CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Trenton, Mo.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Ill.</u> b. COUNTY <u>basalle</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Trenton, Mo.</u>		c. CITY OR TOWN <u>Mendota</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>DOA. Rock Island No. 3</u>		d. STREET ADDRESS (If outside, give location) <u>705 13th Ave</u>	
3. NAME OF DECEASED (Type or print) First <u>Lester</u> Middle <u>J.</u> Last <u>KRAMER</u>		4. DATE OF DEATH Month <u>Feb</u> Day <u>21</u> Year <u>1963</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3/1/1897</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Police work</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Law enforcement</u>	11. BIRTHPLACE (City and state or country) <u>Mendota, Ill.</u>
13a. FATHER'S NAME <u>Carl Kramer</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET KOEPPER</u>	14. NAME OF HUSBAND OR WIFE <u>Hilda Kramer</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) (If yes, give war or dates) <u>No</u>		16. SOCIAL SECURITY NO. <u>0627</u>	17. INFORMANT Address <u>Hilda Kramer Mendota, Ill.</u>
18. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>acute coronary occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>instantly</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) <u>coronary insufficiency</u>			<u>1 yr.</u>
DUE TO (c) <u>Hypertensive arteriosclerosis</u>			<u>1 yr.</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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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			
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 <u>2-21-63</u> to <u>2-21-63</u> and last saw her/him alive on <u>Did not see him alive</u> Death occurred at <u>7:30 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>C. L. Clark M.D.</u>		22b. ADDRESS <u>Trenton, Mo.</u>	22c. DATE SIGNED <u>2/22/63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Feb 22 1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Merritt Funeral Home</u>	23d. LOCATION (City, town, or county) (State) <u>Mendota, Ill.</u>
24. FUNERAL DIRECTOR ADDRESS <u>J. Gordon Blackmore Trenton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>2-22-63</u>	26. REGISTRAR'S SIGNATURE <u>Dreene Jarr</u>

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59
 1 0400
 2 8120
 3
 4 0
 5 1
 6
 7 1
 8 2
 9 4201
 10
 11
 12 92-0
 13 1-0

MAR 14 1963

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 *Jordan Blackmon*

Licensed Embalmer No. 4602

P. O. Address Trenton, 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.