

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-044060
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5891

FILED NOV 21 1963

DO NOT WRITE ON THIS STUB	AMENDED	DATE AMENDED	
VS 300 Rev. 4/59			
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3			
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	
BY AFFIDAVIT OF	SHOULD READ	MEDICAL CERTIFICATION	
ITEM NO.	FOWLER	FOWLER	

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in lb 4 days	c. CITY OR TOWN OLATHE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 303 NORTH CHERRY ST.
3. NAME OF DECEASED (Type or print) Mathias ANTHONY KRAMER		4. DATE OF DEATH Month OCTOBER Day 29 Year 1963	
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1-19-1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER***RETIRED		10b. KIND OF BUSINESS OR INDUSTRY NONE	9. AGE (last birthday) 77
13a. FATHER'S NAME MATHEW KRAMER		13b. MOTHER'S MAIDEN NAME MARY BEUMLER	
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. NO	
17. INFORMANT ST. MARYS HOSPITAL RECORDS, KANSAS CITY, MISSOURI.		14. NAME OF HUSBAND OR WIFE DECEASED ELIZABETH MARGARET KRAMER	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) LEFT CEREBRAL INFARCT, MASSIVE WITH MURAL THROMBUS		INTERVAL BETWEEN ONSET AND DEATH 4 DAYS	
DUE TO (b) HEALING ANTEROSEPTAL MYOCARDIAL INFARCT		14 DAYS	
DUE TO (c) ARTERIOSCLEROTIC CARDIOVASCULAR DISEASE		10 YRS	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) OLD RIGHT CEREBRAL INFARCT, BRONCHIAL PNEUMONIA		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 a.m. p.m. 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 APRIL 1963 to OCT 29, 1963 and last saw him alive on OCT 28, 1963 Death occurred at 9:05 a m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James W. Fowler M.D.		22b. ADDRESS 1103 GRAND AVE.	22c. DATE SIGNED Oct 30, 1963
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 10-29-1963	23c. NAME OF CEMETERY OR CREMATORY MT. CALVARY CEMETERY	23d. LOCATION (City, town, or county) (State) OLATHE, KANSAS.
24. FUNERAL DIRECTOR Matton W. J. J. Obthols		25. DATE RECD. BY LOCAL REG. 10-30-63	26. REGISTRAR'S SIGNATURE Bessie Smith

USE BLACK INK OR TYPEWRITER RIBBON

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

Pratt W. Ayer

Licensed Embalmer No.

3615

P. O. Address

Oshtemo KS

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.