

FILED MAR 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5791

BIRTH NO. _____ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 5982 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>PULASKI</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>PULASKI</u>	
b. CITY OR TOWN <u>Richland</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Richland</u> (If outside corporate limits, write RURAL and give township)	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Liberty TWS. Route 1.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Liberty TWS. Route 1.</u>			
3. NAME OF DECEASED a. (First) <u>John</u>		b. (Middle) <u>W</u>	
c. (Last) <u>CHRAMM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>2 25 49</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Jan 20 1881</u>
9. AGE (in years last birthday) <u>68</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>2</u>	
IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	
11. BIRTHPLACE (State or foreign country) <u>HUMANSVILLE MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Samuel Chramm</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Kelley</u>	
14. NAME OF HUSBAND OR WIFE <u>Jessiemay Chramm</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None.</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Leslie Chramm</u>		ADDRESS <u>Richland</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Concussion of Brain</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fell on head</u> <u>a fall from table</u> DUE TO (c) <u>None known</u> <u>61 22</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>15-20 min</u> <u>15-20 min</u>			
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm house</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Richland Pulaski MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Feb 25 49 11:30 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>a table 4 feet high, you had while building on house, pt fell from</u>			
22. I hereby certify that I attended the deceased from _____, 19____, to <u>February 25</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2/25</u> , 19 <u>49</u> , and that death occurred at <u>1:10 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul C Rook M.D.</u>		23b. ADDRESS <u>Richland, Mo.</u>	
23c. DATE SIGNED <u>2/26/49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>3/2/49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Nester Cemetery Nester Kans</u>		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>Feb 28 1949</u>		REGISTRAR'S SIGNATURE <u>Thebma C. Buckthorp</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. J. Peep</u>		ADDRESS <u>Richland</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 22 1949

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.

Signed _____

R. B. Dupree

Signed _____
Student Embalmer

Licensed Embalmer No. *3198*

P. O. Address. *Richard*

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 this body is not embalmed, fact should be so stated above.