

FILED MAY 12 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14508

BIRTH NO. 49-126391 REG. DIST. NO. 324 PRIMARY REG. DIST. NO. 3072 Registrar's No. 82

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marshall, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Nelson, Rural,</u>	
c. LENGTH OF STAY (In this place) <u>14Hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fitzgibbons Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Douglas</u> b. (Middle) <u>Wayne</u> c. (Last) <u>Cramer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April-26-1949</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>April 25-1949</u>
9. AGE (In years last birthday) <u>-</u>		10. IF UNDER 1 YEAR (Months) <u>-</u>	11. IF UNDER 24 HRS. (Hours) (Min.) <u>14</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>---</u>	11. BIRTHPLACE (State or foreign country) <u>Marshall, Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Peter Cramer</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Hoar</u>	14. NAME OF HUSBAND OR WIFE <u>----</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Peter Cramer-Nelson, Mo. #2</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Spina Bipida</u> ANTECEDENT CAUSES <u>None Known</u> DUE TO (b) <u>-----</u> DUE TO (c) <u>-----</u> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	INTERVAL BETWEEN ONSET AND DEATH <u>151X</u>
19a. DATE OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>4/25</u> , 1949, to <u>4/25</u> , 1949, that I last saw the deceased alive on <u>4/25</u> , 1949, and that death occurred at <u>11 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Name or title) <u>[Signature]</u>		23b. ADDRESS <u>Marshall Mo</u>	23c. DATE SIGNED <u>4/26/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>April 26/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lamine Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lamine, Missouri</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Apr 26-1949</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>J. Leslie Sweeney - Marshall, Mo</u>	

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

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1
2

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 5-11-49

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
Student Embalmer

Signed J. Leslie Swanson

Licensed Embalmer No. 132358

P. O. Address Marshall, W. Va.

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.