

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5384

FILED FEB 16 1950

BIRTH NO.		REG. DIST. NO. 198		PRIMARY REG. DIST. NO. 4311		Registrar's No. 52	
1. PLACE OF DEATH a. COUNTY <u>MACON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>MACON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Callao</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Callao</u>		06/10	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>JANE</u> c. (Last) <u>CRAMER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-10-50</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>11-10-59</u>		9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months	IF UNDER 1 HR. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Domestic</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Mendon TIL</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>John CLAIR</u>			13b. MOTHER'S MAIDEN NAME <u>MARGARET Shupe</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mabel Jenny Callao Mo</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocardial Fibrosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Bronchial Pneumonia</u> DUE TO (c) <u>Senility</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Atherosclerosis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>4221</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Splenomegaly</u>				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>Dec 16 1949</u> to <u>Feb 3 1950</u> , that I last saw the deceased alive on <u>Feb 3 1950</u> , and that death occurred at <u>1:15 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. L. Duerksen</u> (Print or Print)				23b. ADDRESS <u>Macon</u>		23c. DATE SIGNED <u>2/10/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-12-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>2006 Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Starkville Mo</u>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>2-11-50 Josephine</u>		397		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. S. Edwards</u>		ADDRESS <u>1010 E. 1st St</u>	

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

FEB 18 1950

RECEIVED 2/15/50
MACON COUNTY HEALTH DEPARTMENT
County File No. 25935
Date Filed 2/15/50

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

working under my personal supervision.

Student Embalmer No.

Signed *R. G. Edwards*

Signed
Student Embalmer

Licensed Embalmer No. 1961

P. O. Address *Revis, 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 this body is not embalmed, fact should be so stated above.