

THE DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 1574

BIRTH NO. 1-2-4 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 2031 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Jeff.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deleto		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Deleto	
c. LENGTH OF STAY (in this place) 1 year		d. STREET ADDRESS (If rural, give location) 524 N. Main	
d. FULL NAME OF HOSPITAL OR INSTITUTION 524 N. Main			

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) GILBERT c. (Last) KRAMER			4. DATE OF DEATH (Month) (Day) (Year) Jan 15 1951		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) INFANT U	8. DATE OF BIRTH Jan 9, 1950		9. AGE (in years last birthday) 0 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Boone Grove Mo. U		12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Joseph Kramer		13b. MOTHER'S MAIDEN NAME Cecelia Rulo		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)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Joseph Kramer Deleto Mo.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intestinal influenza		INTERVAL BETWEEN ONSET AND DEATH 2 days	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hydrocephalus		6 mo	
		DUE TO (c)			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS 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)		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 1-15-1951, to 1-15-1951; that I last saw the deceased alive on 1-15, 1951, and that death occurred at 5:55 p.m., from the causes and on the date stated above.

23a. SIGNATURE J. P. Angels, D.O.		(Degree or title)		23b. ADDRESS 2 E. Sato, Mo.		23c. DATE SIGNED 1-16-51	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Jan 17 1951		24c. NAME OF CEMETERY OR CREMATORY Ridgewood (St. Stephen)		24d. LOCATION (City, town, or county) (State) Ridgewood Mo.	
DATE REC'D BY LOCAL REG. 1-18-51		REGISTRAR'S SIGNATURE Marie Harris		25. FUNERAL DIRECTOR'S SIGNATURE Samuel B. ...		ADDRESS Deleto	

(Licensed Embalmer's Statement on Reverse Side)

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

5-02  
10502  
U

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI  
DATE RECEIVED 1-22-51

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 \_\_\_\_\_

*Donald Biny*

working under my personal supervision.

Student Embalmer No. .... *402* .....

Signed..... *Donald Biny* .....  
Student Embalmer

Signed..... *Donald B. Dittler* .....

Licensed Embalmer No. *4104*

P. O. Address *Delato 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.