

FILED MAY 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

12360

State File No. ....

BIRTH NO. 21597-51 REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 41

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. - If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home, 181 N. Main St.</u>		d. STREET ADDRESS (If rural, give location) <u>181 N. Main, Windsor, Mo.</u>	
3. NAME OF DECEASED (Type or Print), a. (First) <u>unnamed</u> b. (Middle) <u>KRAMER</u> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>April 16, 1951</u>	
5. SEX <u>Female</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 16, 1951</u>
9. AGE (In years last birthday) <u>3</u>		10. AGE (In years last birthday) <u>3</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>Windsor, Missouri</u>	
11. BIRTHPLACE (State or foreign country) <u>Windsor, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Evelyn Dawson</u>	
14. NAME OF HUSBAND OR WIFE		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>none</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Evelyn Dawson</u> ADDRESS <u>Windsor, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 19. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Premature birth</u> ANTECEDENT CAUSES DUE TO (b) <u>Unknown</u> DUE TO (c) _____ 20. 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 <u>No operation</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) m.		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>Apr 14, 1951</u> , to <u>Apr 16, 1951</u> , that I last saw the deceased alive on <u>April 16, 1951</u> , and that death occurred at <u>4:00 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>J. A. Blackmore, M.D.</u> (Degree or title)		23b. ADDRESS <u>Windsor, Mo</u>	
23c. DATE SIGNED <u>4-17-51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>April 17, 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Drexel</u>	
24d. LOCATION (City, town, or county) (State) <u>Missouri</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>None employed</u> ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>April 21-51</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED** 4-30-51

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 4-30-51 .....

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**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 .....

Licensed Embalmer No. ....

P. O. Address .....

**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.