

FILED JUN 8 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16000**
Registrar's No. **146**

BIRTH NO. _____ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016**

0264
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cole	
b. CITY OR TOWN Jefferson City		c. CITY OR TOWN Jefferson City	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		d. STREET ADDRESS (If not give location) South West 144 50	

3. NAME OF DECEASED a. (First) CATHERINE b. (Middle) CREMER c. (Last) CREMER			4. DATE OF DEATH JUNE 1-1951		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH MAR 3-1875	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Nursemaid		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Iowa		12. CITIZEN OF WHAT COUNTRY USA	
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13a. FATHER'S NAME Thomas O'Rourke		13b. MOTHER'S MAIDEN NAME Mary Gratz		14. NAME OF HUSBAND OR WIFE			
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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 C. J. Cremer, Russellville, Mo.				ADDRESS	
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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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arteriosclerotic heart disease						INTERVAL BETWEEN ONSET AND DEATH not known	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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? 4200 YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **6-1-1951**, to **6-1-1951**, that I last saw the deceased alive on **6-1-1951**, and that death occurred at **7:20 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Earl L. Boyd M.D. (Degree or title)		23b. ADDRESS Jeff. City, Mo.		23c. DATE SIGNED 6-2-51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-4-51		24c. NAME OF CEMETERY OR CREMATORY St. Michaels Cem.		24d. LOCATION (City, town, or county) (State) Russellville Mo.	
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DATE REC'D BY LOCAL REG. June 2-1951		REGISTRAR'S SIGNATURE R.P. Davis M.D. - MR.		25. FUNERAL DIRECTOR'S SIGNATURE W. Stephens ADDRESS Russellville, Mo.	
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RECEIVED 6-7-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 6-7-51 _____

MAY 8 1959

JUN 30 1959

VS JUN 30 1959

VS FEB 10 1960

VS JUN 8 1959

VS AUG 11 1959

VS APR 4 1959

VS MAY 15 1959

1959

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 [Signature]

Licensed Embalmer No. 2307

P. O. Address. [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.