

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED FEB 1 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 119 PRIMARY REG. DIST. NO. 5442 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural</u> TOWN <u>Morrison xxx R.D. Richmond life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR <u>Rural</u> TOWN <u>Morrison RxDx Richmond Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Morrison R.D.</u>		d. STREET ADDRESS (If rural, give location) <u>near Morrison</u>	

3. NAME OF DECEASED (Type or Print) <u>Herbert</u>	a. (First)	b. (Middle) <u>J</u>	c. (Last) <u>Cramer</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 28-1952</u>
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar. 7 1904</u>	9. AGE (In years last birthday) <u>47</u>	IF UNDER 1 YEAR Months <u>10</u>	IF UNDER 1 DAY Days <u>21</u>	IF UNDER 1 HRS. Hours <u></u>	IF UNDER 1 MIN. Min. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>self</u>	11. BIRTHPLACE (State or foreign country) <u>Osage County Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Louis Cramer</u>	13b. MOTHER'S MAIDEN NAME <u>Amelia Schaffer</u>	14. NAME OF HUSBAND OR WIFE <u>Auralla Wink Cramer</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs H. J. Cramer</u>	ADDRESS <u>Morrison Mo</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		<u>None</u>
	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 checked="" 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 1-28-1952 to 1-28-1952 that I last saw the deceased alive on 1-28-1952 and that death occurred at 5 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Howard Workman M.D.</u> (Degree or title)	23b. ADDRESS <u>Bermann Mo</u>	23c. DATE SIGNED <u>1-29-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>1/31/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Good Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Morrison Mo</u>
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DATE REC'D BY LOCAL REG. <u>1-29-52</u>	REGISTRAR'S SIGNATURE <u>W. H. Hurd</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde Norton</u>	ADDRESS <u>Linn Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Signed Vernon M. Morton.....

Signed.....  
Student Embalmer

Licensed Embalmer No. 4125.....

P. O. Address Linn, 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.