

## STANDARD CERTIFICATE OF DEATH

State File No. 9199

FILED APR 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 234 PRIMARY REG. DIST. NO. 516 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Morgan County</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Richland</u>		c. LENGTH OF STAY (in this place) <u>6 mo</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Richland 0710</u>		d. STREET ADDRESS (If rural, give location) <u>4 miles N.E. of Florence Mo</u>
3. NAME OF DECEASED (Type or Print) <u>ALICE-VICTORIA - CRAMER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APR 8 - 52</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>July 20-69</u>		9. AGE (In years last birthday) <u>82</u> <u>6</u> <u>18</u> <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Morgan Co near Florence MS</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>Giles Cramer</u>		13b. MOTHER'S MAIDEN NAME <u>Fucinda Daniels</u>		14. NAME OF HUSBAND OR WIFE <u>David Cramer</u>	
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. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. R. R. Kruse Florence 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, Generalized</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Parkinson Syndrome</u>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21f. HOW DID INJURY OCCUR?
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				
22. I hereby certify that I attended the deceased from <u>1 Nov</u> , 1951, to <u>8 April</u> , 1952, that I last saw the deceased alive on <u>5 April</u> , 1952, and that death occurred at <u>6:30 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>P. V. Siegel MD</u> (Degree or title)			23b. ADDRESS <u>Smithton Mo</u>		23c. DATE SIGNED <u>4/9/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>0 Apr 10-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Syracuse</u>	24d. LOCATION (City, town, or county) (State) <u>Syracuse Mo</u>		
DATE REC'D BY LOCAL REG. <u>April 10th 1952</u>	REGISTRAR'S SIGNATURE <u>21270</u> <u>Donald Ripperger</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. F. Deemeyer Smithton Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

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

*A. F. Neumann*

Licensed Embalmer No. 3912

P. O. Address Lincolnton 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.