S. No. 300
. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12441

State File No. .....

FILED APR 28 1952

BIRTH NO. ..... REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 42

1. PLACE OF DEATH
a. COUNTY Cooper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Boonville
c. LENGTH OF STAY (in this place) 5 Days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) St Joseph Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Cooper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Pilot Grove 0270
d. STREET ADDRESS (If rural, give location) 2nd Street

3. NAME OF DECEASED (Type or Print) a. (First) Rosa b. (Middle) — c. (Last) Kramel

4. DATE OF DEATH (Month) (Day) (Year) Apr-22-1952

5. SEX Fem.
6. COLOR OR RACE W-
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Jan-29-1867
9. AGE (In years last birthday) 85 — IF UNDER 1 YEAR Months — Days — IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (State or foreign country) Illinois
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Sigmund Mayer
13b. MOTHER'S MAIDEN NAME Barbara Propst
14. NAME OF HUSBAND OR WIFE Frank Kramel - Deceased

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME Mrs L.V. Greer ADDRESS Pilot Grove 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, asthenia, 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)	Valvular disease, Left ventricle failure	1 year
ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b)	no record	—
DUE TO (c)	advanced age	85 yrs
II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death.	none	

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 4214
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* April 18, 1952, *to* April 22, 1952, *that I last saw the deceased alive on* Apr 21, 1952, *and that death occurred at* 3 A *m., from the causes and on the date stated above.*

23a. SIGNATURE W.E. Stone (Degree or title) M D
23b. ADDRESS Boonville, Mo
23c. DATE SIGNED 4-23-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Apr-24-52
24c. NAME OF CEMETERY OR CREMATORY St Joseph Cemetery
24d. LOCATION (City, town, or county) Pilot Grove (State) Mo

DATE REC'D BY LOCAL REG. 4-23-52
REGISTRAR'S SIGNATURE D.E. Hooper 38
25. FUNERAL DIRECTOR'S SIGNATURE Hays & Painter ADDRESS Pilot Grove, Mo

(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 Peyton E. Mayo

Licensed Embalmer No. 3074

P. O. Address Pilot Grove

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.