No. 300
10.48

FILED JUN 9 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17355

BIRTH NO. _____ REG. DIST. NO. 247 PRIMARY REG. DIST. NO. #5838 Registrar's No. 16

1. PLACE OF DEATH
a. COUNTY: Newton
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Berwick
c. LENGTH OF STAY (In this place): 1 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 7 mile South W of Pierce City

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Newton
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Berwick Twp. 0730
d. STREET ADDRESS (If rural, give location): 7 mile South West of Pierce Ct

3. NAME OF DECEASED (Type or Print): a. (First) GEORGE b. (Middle) H c. (Last) KRAMME

4. DATE OF DEATH (Month) (Day) (Year): May 25 - 1952

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug 17 - 1891
9. AGE (In years last birthday): 60 Months: 9 Days: 8 If under 24 hrs. Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Lawrence Kans
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Fred Kramme
13b. MOTHER'S MAIDEN NAME: Minnie Thayer
14. NAME OF HUSBAND OR WIFE: Mary Ann Kramme

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): none (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Mary Ann. Kramme **ADDRESS**: Pierce City

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: sudden

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) None
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. None

19a. DATE OF OPERATION: No
19b. MAJOR FINDINGS OF OPERATION: no
4201
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* May 25th, 1952, *to* May 25th, 1952, *that I last saw the deceased alive on* May 25th, 1952, *and that death occurred at* 7:30 p m., *from the causes and on the date stated above.*

23a. SIGNATURE: Melvin O. Bowman **(Degree or title)**: MD
23b. ADDRESS: Neosho Mo
23c. DATE SIGNED: May 29 52

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: May 28-52
24c. NAME OF CEMETERY OR CREMATORY: Odd Fellows cemetery
24d. LOCATION (City, town, or county) (State): Neosho Mo

DATE REC'D BY LOCAL REG.: June 4, 1952
REGISTRAR'S SIGNATURE: M. L. Young 225
25. FUNERAL DIRECTOR'S SIGNATURE: Wilson Bros **ADDRESS**: Pierce City Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer [redacted] NEWTON COUNTY HEALTH UNIT

District File Number 652-102

Date Filed 6/7/52

NEOSHO, MISSOURI

JUN 12 1952

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, ~~only~~ Edwin J. Wilks, working under my personal supervision.

Student Embalmer No. .....

Signed Edwin J. Wilks

Signed .....
Student Embalmer

Licensed Embalmer No. 413

P. O. Address Pierce City 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.