

JAN 17 1955

STANDARD CERTIFICATE OF DEATH

State File No. **871**

BIRTH NO. **1394-55** REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **27**

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield		c. CITY OR TOWN Springfield	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) life		e. STREET ADDRESS (If rural, give location) 722 E Locust 0396	
d. FULL NAME OF HOSPITAL OR INSTITUTION Burge Hospital 0			

3. NAME OF DECEASED (Type or Print) a. (First) Infant b. (Middle) — c. (Last) Kramer			4. DATE OF DEATH (Month) (Day) (Year) Jan. 9 - 1955		
5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH 11:30 AM Jan. 9 - 1955	9. AGE (In years last birthday) no	10. UNDER 1 YEAR Days no
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) none		10b. KIND OF BUSINESS OR INDUSTRY —	11. BIRTHPLACE (City and State or Foreign Country) Springfield, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Cecil Vernon Kramer		13b. MOTHER'S MAIDEN NAME Deloris Faye Harp		14. NAME OF HUSBAND OR WIFE —	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cecil V. Kramer - Springfield, Missouri	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: (a) Foetal atelectasis		INTERVAL BETWEEN ONSET AND DEATH 6 hours
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) — DUE TO (c) Premature birth		
	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 7625		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from **1-9-1955**, to **1-9-1955**, that I last saw the deceased alive on **1-9-1955**, and that death occurred at **6:20 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) David S. Thomson M.D.		23b. ADDRESS Springfield 1630 W. Jefferson		23c. DATE SIGNED 1-10-55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan. 11 - 55		24c. NAME OF CEMETERY OR CREMATORY Prospect Cemetery		24d. LOCATION (City, town, or county) (State) Christian County - Missouri	
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DATE REC'D BY LOCAL REG. 1-10-55		REGISTRAR'S SIGNATURE Frank Williamson		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lee Harvey - Springfield, Mo.	
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(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 _____
Signature of Student Embalmer

not embalmed

Signed _____

Licensed Embalmer No. _____

P. O. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above..