

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15097

State File No.

FILED JUN 6 1955

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Franklin</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Washington</u>		c. CITY OR TOWN <u>Washington</u>	d. Is residence within limits of a city or incorporated town? Yes <u>A</u> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) <u>St. Francis Hospital</u>		No. STREET ADDRESS <u>629 South Elm</u> 0362	

3. NAME OF DECEASED a. (First) <u>AUGUST</u> b. (Middle) <u>P.</u> c. (Last) <u>KRAEMER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 2 1955</u>		
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>6-1-1875</u>	9. AGE (In years last birthday) <u>80</u>	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Croemer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Don Farm</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Port Hudson, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>William H. Kraemer</u>		13b. MOTHER'S MAIDEN NAME <u>Helenia Plattmann</u>		14. NAME OF HUSBAND OR WIFE <u>Amanda Kraemer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ms. Amanda Kraemer</u> ADDRESS <u>629 South Elm</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, 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) <u>Gangrene legs</u>		DUPLICATE (b) <u>Cerebral sclerosis</u>			<u>Months</u>
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUPLICATE (c) <u>Senility</u>			—
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>Cerebral hemorrhage & paralysis</u>			<u>6 weeks</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)	
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?	

22. I hereby certify that I attended the deceased from Oct 22, 1954, to June 1, 1955, that I last saw the deceased alive on June 1, 1955, and that death occurred at 3:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>L. M. Muehler M.D.</u> (Degree or title)		23b. ADDRESS <u>200 Elm Washington Mo</u>		23c. DATE SIGNED <u>June 3, 1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-4-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ruthless Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Washington Missouri</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u> ADDRESS <u>Washington, Mo.</u>			

DATE REC'D BY LOCAL REG. <u>6/3/55</u>		REGISTRAR'S SIGNATURE <u>R. S. ...</u>		25. GENERAL DIRECTOR'S SIGNATURE <u>W. H. ...</u> ADDRESS <u>Washington, Mo.</u>	
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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

Signed.....
M. W. Sillit

Licensed Embalmer No. *451*

P. O. Address *Washington*

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.