

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **19688**

FILED JUL 8 - 1955

BIRTH NO. _____		REG. DIST. NO. 290		PRIMARY REG. DIST. NO. 4431		Registrar's No. 73	
1. PLACE OF DEATH a. COUNTY Pulaski				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Pulaski			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Dixon		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN Dixon		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mission Rest Home				e. STREET ADDRESS (If rural, give location) 0850			
3. NAME OF DECEASED (Type or Print)		a. (First) Mary		b. (Middle) Ann		c. (Last) Kramer	
4. DATE OF DEATH		(Month) 6		(Day) 18		(Year) 1955	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH 2/22/1867	
9. AGE (In years last birthday) 88		# UNDER 1 YEAR 3		# UNDER 1 YEAR 26		# UNDER 1 YEAR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY Own Home		11. BIRTHPLACE (City and State or Foreign Country) Iberia, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME William Murphy		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Dan Kramer			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME Mrs. Clara Crider, Dixon, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) B. Pneumonia				INTERVAL BETWEEN ONSET AND DEATH 2 days	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Acute cholecystitis		DUE TO (c) 58-5X			
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				20. AUTOPSY? YES <input 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) m.		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 June 18, 1955 , to 17 June, 1955 , that I last saw the deceased alive on 17 June, 1955 , and that death occurred at 4:00 P. M. , from the causes and on the date stated above.							
23a. SIGNATURE E. Deucher M.D.				23b. ADDRESS Dixon, Mo.		23c. DATE SIGNED 20 June 55	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6/20/1955		24c. NAME OF CEMETERY OR CREMATORY Dixon Cemetery		24d. LOCATION (City, town, or county) (State) Dixon, Missouri	
DATE REC'D BY LOCAL REG. 6-20-55		REGISTRAR'S SIGNATURE Paul Gene Anderson		25. FUNERAL DIRECTOR'S SIGNATURE Fred H. Gilbert, Dixon, Missouri		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
6-20-55
Tulsa County Health Officer
File Number
Date Filed 6-23-55

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 June - 18th 1955, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Fred W. Gell

Licensed Embalmer No. 234

P. O. Address Dixon, Miss

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.