

FILED NOV 21 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39369

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>322</u>		PRIMARY REG. DIST. NO. <u>6087</u>		Registrar's No. <u>42</u>			
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Saline</u>					
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>R.F.D. Slater</u>)		c. LENGTH OF STAY (In this place) <u>41 yr.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>R.F. D. Slater</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>no</u>				d. STREET ADDRESS (If rural, give location) <u>R. 1, No. 0910</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alfred</u>			b. (Middle) <input checked="" type="checkbox"/>		c. (Last) <u>Cramer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 13-1955</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>April, 6-1882</u>		9. AGE (In years last birthday) <u>73</u> IF UNDER 1 YEAR: Months <u>7</u> Days <u>10</u> IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>active</u>		11. BIRTHPLACE (State or foreign country) <u>Gasconade County, Mo.</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Justin Cramer</u>			13b. MOTHER'S MAIDEN NAME <u>Minnie Aufterhar</u>			14. NAME OF HUSBAND OR WIFE <u>Ella Cramer</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ella Cramer</u>			ADDRESS		
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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial</u>				ANTECEDENT CAUSES					
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Left ventricular strain</u>				<u>1/2 hr.</u>	
				DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS				Conditions contributing to the death but not related to the disease or condition causing death.				<u>4222</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						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 <u>Sept. 20, 1953</u> , to <u>Nov 12, 1955</u> , that I last saw the deceased alive on <u>Nov 12, 1955</u> , and that death occurred at <u>4:30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Dr. F. Davidson</u>				23b. ADDRESS <u>Box 167 - Slater, Mo.</u>			23c. DATE SIGNED <u>11-14-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/15/1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>			24d. LOCATION (City, town, or county) (State) <u>Slater, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>11-14-55</u>		REGISTRAR'S SIGNATURE <u>Mrs. Earl C. Metz</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Hill Brothers - Slater, Mo.</u>			ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 29 1958

JAN 23 1959

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 A. B. Hill

Licensed Embalmer No. 3090

P. O. Address State me

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.