

FILED DEC 20 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

39842

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 329

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Callaway County</u><br>b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Fulton, Missouri</u> |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Missouri</u><br>b. COUNTY <u>Cole</u><br>c. CITY OR TOWN <u>Jefferson City,</u><br>d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |  |
| c. LENGTH OF STAY (in this place) <u>3 1/2 mo.</u>  |  | e. STREET ADDRESS (If rural, give location) <u>02411</u>   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No. 1</u>   |  |  |  |

|  |                               |   |  |   |   |
|--|-------------------------------|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Buena Vista</u> b. (Middle) <u>Cramer</u> c. (Last) <u>Cramer</u> |                               |   | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>12 - 13 - 1955</u>     |   |   |
| 5. SEX <u>Female</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | 8. DATE OF BIRTH <u>May 25, 1868</u>                               | 9. AGE (In years last birthday) <u>87</u> | IF UNDER 1 YEAR Months _____ Days _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>           |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>no</u>                         | 11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u> |   | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Aquilla Hensley Jones</u>                            |  | 13b. MOTHER'S MAIDEN NAME <u>Armenia Sylvester Bryan</u> |  | 14. NAME OF HUSBAND OR WIFE <u>Frank Lane</u>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMY FORCES? (Yes, no, or unknown) <u>no</u> |  | 16. SOCIAL SECURITY NO. <u>None</u>                      |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>State Hospital Records, Fulton, Mo.,</u> |  |

|  |  |                                       |  |  |  |                                  |  |
|--|--|---------------------------------------|--|--|--|----------------------------------|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))   |  | MEDICAL CERTIFICATION                 |  |  |  | INTERVAL BETWEEN ONSET AND DEATH |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic pneumonia</u>   |  | DUPLICATE (b) <u>Arteriosclerosis</u> |  |  |  |                                  |  |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. |  | DUPLICATE (c) _____                   |  |  |  |                                  |  |
| II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>4500</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) |  | 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 Aug. 26, 1955, to Dec. 13, 1955, that I last saw the deceased alive on Dec. 13, 1955, and that death occurred at 3:35 P.M., from the causes and on the date stated above.

|  |  |                                      |  |                                  |  |
|--|--|--------------------------------------|--|----------------------------------|--|
| 23a. SIGNATURE (Degree or title) <u>E. O. Renner, M.D.</u> |  | 23b. ADDRESS <u>Fulton, Missouri</u> |  | 23c. DATE SIGNED <u>12-13-55</u> |  |
|--|--|--------------------------------------|--|----------------------------------|--|

|  |  |  |  |  |  |  |  |
|--|--|--|--|--|--|--|--|
| 24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>Burial</u> |  | 24b. DATE <u>12/15/1955</u>                  |  | 24c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cemetery</u> |  | 24d. LOCATION (City, town, or county) (State) <u>Lin Mo</u>                  |  |
| DATE REC'D BY LOCAL REG. <u>Dec. 13 - 1955</u>             |  | REGISTRAR'S SIGNATURE <u>Martha Lawrence</u> |  | 426-0  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Victor Beachy Jefferson City</u> |  |

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

MAR 20 1950

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 *Victor B. ...*

Licensed Embalmer No. 3

P. O. Address *Jefferson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.