

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

733

State File No.

FILED JAN 25 1956

No. 300
10.48

BIRTH NO. 34593-55 REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 28

1. PLACE OF DEATH a. COUNTY COLE			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). -a. STATE MISSOURI b. COUNTY COLE		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY		c. LENGTH OF STAY (In this place) LIFE	c. CITY OR TOWN JEFFERSON CITY		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. MARYS HOSPITAL			e. STREET ADDRESS (If rural, give location) 1509 W Main		
3. NAME OF DECEASED (Type or Print) a. (First) YVONNE b. (Middle) KRAMER c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) JAN. 18, 1956		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH June 6, 1955	9. AGE (In years last birthday) 0 IF UNDER 1 YEAR Months 7 Days 12 IF UNDER 1 HRS. Hours 12 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) JEFFERSON CITY, MO.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME WILLIAM KRAMER		13b. MOTHER'S MAIDEN NAME MARY ANN STIEFERMANN		14. NAME OF HUSBAND OR WIFE NONE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If you, give war or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS WILLIAM KRAMER J. C, MO.			

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>convulsive seizure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u> DUE TO (c) <u>upper respiratory infection 1 day</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 475x		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 June 1955 to Jan 18, 1956, that I last saw the deceased alive on Jan. 18, 1956 and that death occurred at 8:15 P., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Francis V. Munn M.D.</u>		23b. ADDRESS <u>Jefferson City, Mo.</u>		23c. DATE SIGNED <u>Jan. 20, 1956</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/21/56	24c. NAME OF CEMETERY OR CREMATORY St. Louis	24d. LOCATION (City, town, or county) (State) Bonnets Mill, Mo.	
DATE REC'D BY LOCAL REG. 21 Jan 1956	REGISTRAR'S SIGNATURE R.P. Davis, MD - MR. 8	25. FUNERAL DIRECTOR'S SIGNATURE Sylvester Dulle	ADDRESS J. C. MO.	

WRITE PLAINLY—USING UNFAADING 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.....
Sylvester Dulla

Licensed Embalmer No. *4321*

P. O. Address *Jefferson Co*

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.