

FILED MAY 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17126

| | | | | | | | | | |
|---|--|---|------------|---|------------------------------|--|--|----------------------------------|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>234</u> | | PRIMARY REG. DIST. NO. <u>2816</u> | | Registrar's No. <u>37</u> | | | |
| 1. PLACE OF DEATH a. COUNTY <u>MORGAN</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Morgan</u> | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Richland</u> | | c. LENGTH OF STAY (in this place) <u>46</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Richland</u> | | d. STREET ADDRESS (If rural, give location) <u>5 Miles N. of Florence, Mo.</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 Miles North of Florence, Mo.</u> | | | | d. STREET ADDRESS (If rural, give location) <u>5 Miles N. of Florence, Mo.</u> | | | | | |
| 3. NAME OF DECEASED (Type or Print) <u>SARVILDA Jane Cramer</u> | | | a. (First) | | | b. (Middle) | | | |
| 4. DATE OF DEATH <u>May 16 1956</u> | | | c. (Last) | | 4. DATE (Month) (Day) (Year) | | | | |
| 5. SEX <u>Female</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | | 8. DATE OF BIRTH <u>February 23, 1867</u> | | | |
| 9. AGE (In years last birthday) <u>89</u> | | 10. 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>Housewife</u> | | 11. BIRTHPLACE (State or foreign country) <u>PETTIS COUNTY</u> | | | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | 13a. FATHER'S NAME <u>Mathias Reed</u> | | 13b. MOTHER'S MAIDEN NAME <u>Louisa C. Phillips</u> | | 14. NAME OF HUSBAND OR WIFE <u>John Wm. Cramer</u> | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>NONE</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Verling Cramer</u> ADDRESS <u>Florence, Mo.</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. | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic C-V disease</u> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) | | | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Congestive Heart Failure</u> | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4221</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 <u>Jan</u> , 19 <u>55</u> , to <u>May</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>15 May</u> , 19 <u>54</u> , and that death occurred at <u>6:40</u> p.m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE OF REGISTRAR <u>P. V. Siegel MD</u> (Degree or title) | | | | 23b. ADDRESS <u>Sumblerton Mo.</u> | | 23c. DATE SIGNED <u>5/18/56</u> | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>May 19, 1956</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Beth Lehen Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Morgan County Mo.</u> | | | |
| DATE REC'D BY LOCAL REG. <u>May 23 1956</u> | | REGISTRAR'S SIGNATURE <u>J. M. L. Keppinger</u> | | FUNERAL DIRECTOR'S SIGNATURE <u>James R. Serinus</u> | | ADDRESS <u>Ureath, Mo.</u> | | | |

(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
Student Embalmer

Signed

James R. Scrimmer

Licensed Embalmer No. *4880*

P. O. Address *Verona, N.J.*

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.