

FILED NOV 26 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 327261

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 2022 Registrar's No. 3

0411

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

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bethany</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Ridgeway Mo 400</u>	
c. LENGTH OF STAY (in this place) <u>15 Days</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Ridgeway Hospital, Bethany Mo</u>			

3. NAME OF DECEASED a. (First) <u>Gordon</u> b. (Middle) <u>Eduin</u> c. (Last) <u>Cramer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-22-1956</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>Feb-16-1879</u>		9. AGE (In years last birthday) <u>77</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>4</u>	
IF UNDER 24 HRS. Hours <u></u> Min. <u></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>Retired</u>	
11. BIRTHPLACE (State or foreign country) <u>Harrison Co Mo</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		

13a. FATHER'S NAME <u>Harve Cramer</u>		13b. MOTHER'S MAIDEN NAME <u>Alice W. Escott</u>		14. NAME OF HUSBAND OR WIFE <u>Ellie Gene Cramer</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no no</u>		16. SOCIAL SECURITY NO. <u>L</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ace Cramer, Ridgeway 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerotic Heart Disease</u>		5 yr	
DUE TO (c)		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)		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 2-10-1954 to 11-22-1956, that I last saw the deceased alive on 11-22-1956, and that death occurred at 1:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Dellunt M. Thoye</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Bethany Mo</u>		23c. DATE SIGNED <u>11-22-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-25-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Road Hill Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Ridgeway Mo</u>	

DATE REC'D BY LOCAL REG. <u>11-24-56</u>		REGISTRAR'S SIGNATURE <u>Zola Burris</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Robert R. Rogers, Ridgeway Mo</u>	
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116

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 *Robert R. Rogers*.....

Licensed Embalmer No. *9376*.....

P. O. Address *Ridgeway Mo.*.....

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.