

B. I. Burns
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 MEDICAL CERTIFICATION
 All diseases in Part I must be causally related.

FILED JUN 19 1957

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

57021014
 STATE FILE NUMBER 2503

Registration District No. 149 Primary Registration District No. 1052 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital #1		Length of stay in lb 7 wks.	d. STREET ADDRESS (If outside, give location) 2618 E. 9th Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Alta L. Cramer			4. DATE OF DEATH Month Day Year 5 - 27 - 1957
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec. 22 - 1890
9. AGE (In years from birthday) 66		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Hume Missouri
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME George Washburn	
13b. MOTHER'S MAIDEN NAME Barbara Murray		14. NAME OF HUSBAND OR WIFE Thomas Cramer	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 328-12-1626	17. INFORMANT Address Mrs. Edith Parsons 2618 East 9th Kansas City Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE Ventricular fibrillation			INTERVAL BETWEEN ONSET AND DEATH 4500'
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arteriosclerosis			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a).			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 4 - 21 - 57 , to 5 - 27 - 57 and last saw her alive on 5 - 27 - 1957 Death occurred at 4:20 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>[Signature]</i> (Degree or title) D		22b. ADDRESS General Hospital #1	22c. DATE SIGNED 5-28-57
23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE May 29 - 1957	23c. NAME OF CEMETERY OR CREMATORY Holden Cemetery	23d. LOCATION (City, town, or county) (State) Holden, Missouri
24. FUNERAL DIRECTOR ADDRESS Mrs. C.L. Forster Funeral Home, Inc. K.C. Mo.		25. DATE RECD. BY LOCAL REG. 5-29-57	26. REGISTRAR'S SIGNATURE <i>[Signature]</i>



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 *J. Virgil Herwick*

Licensed Embalmer No. 3599
P. O. Address *A. C. M. 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.