

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-009451
STATE FILE NUMBER

FILED APR 7 1958

Registration District No. 119 Primary Registration District No. 4193 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY GASCONADE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY GASCONADE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HERMANN		c. CITY OR TOWN HERMANN 0371	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION S. MARKET ST		d. STREET ADDRESS (If outside, give location) S. MARKET ST	
3. NAME OF DECEASED (Type or print) First Middle Last CLARA EMMA CRAMER		4. DATE OF DEATH Month Day Year MARCH 23-1958	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT. 22-1893
9. AGE (In years last birthday) 64		IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FACTORY WORKER		10b. KIND OF BUSINESS OR INDUSTRY SHOE INDUSTRY	
11. BIRTHPLACE (City and state or country) Rtd Hermann Mo		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Wm APEL		13b. MOTHER'S MAIDEN NAME HENRIETTA BOHL	
14. NAME OF HUSBAND OR WIFE Wm F. 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. 493-78-8654	
17. INFORMANT HARVEY CRAMER		Address HERMANN Mo	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE			INTERVAL BETWEEN ONSET AND DEATH 5 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) 4200			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) RHEUMATOID ARTHRITIS			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 0	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 6-10-55 to 3-23-58 and last saw her alive on MARCH 20, 1958 Death occurred at 8:10 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) George M. Workman M.D.		22b. ADDRESS HERMANN, Mo	
22c. DATE SIGNED 3-24-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3/25/58	
23c. NAME OF CEMETERY OR CREMATORY Good Hope Cemetery		23d. LOCATION (City, town, or county) (State) MORRISON Mo	
24. FUNERAL DIRECTOR HUGH A. Blumer		25. DATE RECD. BY LOCAL REG. 3-24-58	
ADDRESS HERMANN Mo		26. REGISTRAR'S SIGNATURE Delma Uffelman	

(Licensed Embalmer's Statement on Reverse Side)

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

APR 9 1958

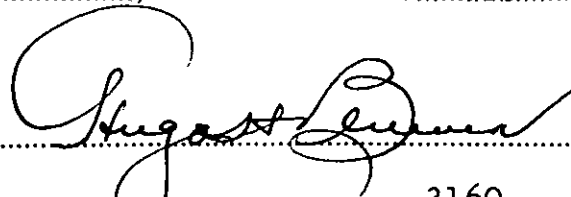
STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by**Roger W. Blumer**....., Student Embalmer No.**553**..... working under my personal supervision.

Student


Signature of Student Embalmer

Signed



Licensed Embalmer No.**3160**.....

P. O. Address**Hermann, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.