

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006587

STATE FILE NUMBER

Registration District No. 274

Primary Registration District No. 3052

Registrar's No. 58

FILED FEB 16 1959

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>		2. USUAL RESIDENCE (Where deceased lived. If first residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Pettis</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>Lebania</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Smithton</i> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) <i>Bathwell</i>		Length of stay in lb <i>3 days</i>	d. STREET ADDRESS <i>4 m. N. Smithton</i> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <i>INEZ-NADINE-CRAMER</i>			4. DATE OF DEATH Month <i>Feb</i> Day <i>5</i> Year <i>1959</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>wh</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>April 3, 1899</i>		9. AGE (In years, months, days) <i>59</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Same</i>	11. BIRTHPLACE (City and state or country) <i>Clifton City, Mo</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>

13. FATHER'S NAME <i>John Cross</i>		13b. MOTHER'S MAIDEN NAME <i>Alice Bryan</i>		14. NAME OF HUSBAND OR WIFE <i>Albert Cramer</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>Albert Cramer, Smithton, Mo</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Arteriosclerotic C-V disease</i>		4221
DUE TO (c) <i>Diabetes mellitus, Diabetic Acidosis</i>		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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.)	
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20c. TIME OF INJURY Hour <i>a.m.</i> Month, Day, Year <i>p.m.</i>	20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <i>Smithton, Mo</i>	COUNTY <i>Pettis</i>	STATE <i>Mo</i>
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21. I attended the deceased from <i>2-2-59</i> to <i>2-5-59</i> and last saw her alive on <i>2-5-59</i> Death occurred at <i>7:40 P</i> m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE <i>PV Siegel MD</i>	(Degree or title)	22b. ADDRESS <i>Smithton, Mo</i>	22c. DATE SIGNED <i>2/6/59</i>
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23a. BURIAL CREMATION, REMOVAL (Specify)	23b. DATE <i>Feb. 7, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Smithton Cme</i>	23d. LOCATION (City, town, or county) (State) <i>Smithton, Mo.</i>
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24. FUNERAL DIRECTOR <i>Hayes - Painter, Atterville, Mo</i>	ADDRESS <i>Feb 10 1959</i>	25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE <i>Frances Shelby</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

1903 6 3 1906

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 *Robert L. Dainton*

Licensed Embalmer No. *4069*
P. O. Address *Pilot Grove*

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.