

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-041446

FILED VS DEC 8 1959 316

STATE FILE NUMBER

Registration District No. 3059 Primary Registration District No. 456 Registrar's No.

INDEXED

1. PLACE OF DEATH a. COUNTY ST. FRANCOIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO. b. COUNTY ST. FRANCOIS					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BONNE TERRE		Length of stay in lb 8 DAYS		c. CITY OR TOWN BONNE TERRE,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION BONNE TERRE HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 526 N. LONG ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First AUGUST Middle - Last CRAMP				4. DATE OF DEATH Month DECEMBER Day 2, Year 1959					
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH AUG. 20, 1893	9. AGE (last birthday) 66	IF UNDER 1 YEAR Months 3 Days 12 Hours 9 Min.	IF UNDER 24 HR Hours 9 Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER			10b. KIND OF BUSINESS OR INDUSTRY MINING		11. BIRTHPLACE (City and state or country) BONNE TERRE, MO.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME CHRIS. CRAMP			13b. MOTHER'S MAIDEN NAME MARY LOUNGA			14. NAME OF HUSBAND OR WIFE ADA CRAMP			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. 490-03-1568		17. INFORMANT ADA CRAMP, 526 LONG, BONNE TERRE				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Thrombosis with Myocardial infarction							INTERVAL BETWEEN ONSET AND DEATH 3 weeks		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b)		DUE TO (c)				
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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 WORK <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 Nov. 25, 1959 to Dec. 2, 1959 and last saw him alive on Dec. 1, 1959 Death occurred at 8:07 A m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) Mawin J. Haw, J. M.D.				22b. ADDRESS Bonne Terre, Mo				22c. DATE SIGNED 12/2/59	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12/4/59	23c. NAME OF CEMETERY OR CREMATORY BONNE TERRE CEMETERY		23d. LOCATION (City, town, or county) (State) BONNE TERRE, MO.				
24. FUNERAL DIRECTOR SPARKS FUNERAL HOME			ADDRESS BONNE TERRE, MO		25. DATE REGD. BY LOCAL REG. Dec. 4, 1959		26. REGISTRAR'S SIGNATURE Ethel Rudloff		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

KS DEC 14 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 _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed *Everett Spurr*

Licensed Embalmer No. 4287

P. O. Address Bonneton 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.