

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-037485

STATE FILE NUMBER

Registration District No. 1 Primary Registration District No. 3000 Registrar's No. 341

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED NOV 13 1962		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY Adair		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kirksville		a. STATE Mo. b. COUNTY Adair	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Kirksville Ostopathic		Length of stay in 1b years		c. CITY OR TOWN Kirksville	
Inside Limits <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 315 East Normal		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) LILLIE MAE KRAMER			4. DATE OF DEATH November 1 1962		
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married Widowed Divorced	
8. DATE OF BIRTH 3/4/76		9. AGE (last birthday) 86		IF UNDER 1 YEAR: Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired operator		10b. KIND OF BUSINESS OR INDUSTRY cafeteria		11. BIRTHPLACE (City and state or country) Adair Co., Mo.	
12. CITIZEN OF WHAT COUNTRY U S		13a. FATHER'S NAME Martin Jerry Cory		13b. MOTHER'S MAIDEN NAME Nancy Jane Morris	
14. NAME OF HUSBAND OR WIFE Frank C. Kramer		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.	
17. INFORMANT		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Congestive Circulatory Failure		DUE TO (b) Coronary Sclerosis		4 days	
DUE TO (c)				Years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fracture of Right Hip		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 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		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 10-29-62 to 11-1-62 and last saw her alive on 11-1-62		Death occurred at 6:55 P. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) James F. Gipe		22b. ADDRESS 800 W Jefferson, Kirkville, Mo.		22c. DATE SIGNED 11-2-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/4/62		23c. NAME OF CEMETERY OR CREMATORY Maple Hill	
23d. LOCATION (City, town, or county) Kirkville, Adair, Mo.		24. FUNERAL DIRECTOR Foster Memorial Home, Kirkville, Mo.		25. DATE RECD. BY LOCAL REG. 11-3-1962	
26. REGISTRAR'S SIGNATURE Doris W. Peltz					

USE BLACK INK OR TYPEWRITER RIBBON

Permit renewed Nov 3, 1962

JAMES F. CRIFE, D.D.

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 *Nova E. Foster*
Nova E. Foster

Licensed Embalmer No. 4742

P. O. Address Kirkville, 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.