

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

5192-62-038649
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5192

FILED OCT 25 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF William R. Doherty MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 72 yrs.	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 Trinity Lutheran Hosp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 5434 Virginia Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First John Middle H. Last Cramer			4. DATE OF DEATH Month 10 Day 12 Year 1962
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 11-27-83
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Specialist		10b. KIND OF BUSINESS OR INDUSTRY Hearing Aid Co.	9. AGE (last birthday) 78
13a. FATHER'S NAME Jacob Cramer		13b. MOTHER'S MAIDEN NAME Catherine ?	IF UNDER 1 YEAR Months Days Hours Min.
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. [REDACTED]	11. BIRTHPLACE (City and state or country) Kansas City, Ks.
17. INFORMANT Mrs. K.M. Cramer		Address 5434 Virginia	
14. NAME OF HUSBAND OR WIFE Katherine Cramer			12. CITIZEN OF WHAT COUNTRY USA
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Left Bronchopneumonia			INTERVAL BETWEEN ONSET AND DEATH one day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Carcinomatosis of liver, bones			unknown
DUE TO (c) Carcinoma of Prostate			unknown
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 a.m. p.m. Month, Day, Year		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 Jan. 1962 to 12 Oct. '62 and last saw him alive on 12 Oct. '62 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Doctor or title) William R. Doherty MD		22b. ADDRESS 2108 W. 75th Prairie Village, Mo.	22c. DATE SIGNED 10-13-62
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-15-1962	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet	23d. LOCATION (City, town, or county) Kansas City (State) Mo.
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar		ADDRESS 20 West Linwood	25. DATE RECD. BY LOCAL REG. 10-13-62
		26. REGISTRAR'S SIGNATURE [Signature]	

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Doherty

2108 W. 75 St.

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

Wm. H. Gentry

Licensed Embalmer No. 5025

P. O. Address K. C. 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.