

FILED APR 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13312

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>224</u>		PRIMARY REG. DIST. NO. <u>3046</u>		Registrar's No. <u>19</u>	
1. PLACE OF DEATH a. COUNTY <u>Moniteau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California</u>		<u>0681</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fair Ground Street</u>				d. STREET ADDRESS (If rural, give location) <u>Fair Ground Street</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Kreamer</u> c. (Last) <u></u>				4. DATE OF DEATH (Month) (Day) (Year) <u>Apr.</u> <u>13</u> , <u>1951</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Feb. 23, 1855</u>	
9. AGE (In years last birthday) <u>96</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>California Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Kreamer</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Wagner</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Florence Herfurth, Sandyhook, Mo.</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture of hip</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Dec. 12</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4500 F</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>California Mo</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>California Moniteau Mo</u>			
21d. TIME OF INJURY <u>7:22</u> <u>12</u> <u>50</u> <u>am</u>		21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK		21f. HOW DID INJURY OCCUR? <u>accidently fell down</u>			
22. I hereby certify that I attended the deceased from <u>Dec. 12</u> , 19 <u>51</u> , to <u>April 13</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>April 13</u> , 19 <u>51</u> , and that death occurred at <u>10-20 PM</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>D. J. Bowman</u>		(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>California</u>		23c. DATE SIGNED <u>4/14/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/15/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetry</u>		24d. LOCATION (City, town, or county) (State) <u>California, Moniteau, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-16-51</u>		REGISTRAR'S SIGNATURE <u>H. R. Poppey</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>WILLIAMS FUNERALS HOME, California, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 4-17-51

DISTRICT HEALTH OFFICE No. 3

District File Number -----

Date Filed 4-17-51 -----

APR 19 1951

MAY 28 1951

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-----

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed

Hugh E. Williams

Licensed Embalmer No. 3537

P. O. Address *California 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 this body is not embalmed, fact should be so stated above.