

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH58-010756  
STATE FILE NUMBER

FILED APR 7 1958

Registration District No.

224

Primary Registration District No.

3846

Registrar's No.

34

1. PLACE OF DEATH a. COUNTY <i>Moniteau</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Moniteau</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>California</i>		c. CITY OR TOWN <i>California 0681</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <i>0</i>	
Length of stay in lb		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <i>Josephine</i> Middle <i>Kraemer</i> Last <i>Kraemer</i>			4. DATE OF DEATH Month <i>Mar</i> Day <i>31</i> Year <i>1958</i>		
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Dec-13-1869</i>		9. AGE (In years last birthday) <i>88</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>School Teacher</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>no.</i>		11. BIRTHPLACE (City and state or country) <i>California Mo.</i>	
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>					

13a. FATHER'S NAME <i>John Kraemer</i>		13b. MOTHER'S MAIDEN NAME <i>Elizabeth Wagner</i>		14. NAME OF HUSBAND OR WIFE	
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. <i>no.</i>		17. INFORMANT <i>Florence Neefarth</i> Address <i>California 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> DUE TO (b) <i>Hypertension</i> DUE TO (c) <i>Atherosclerosis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>1 week</i>	
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PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		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.) <i>2</i>	
20c. TIME OF INJURY Hour <i>8</i> a.m. <i>12</i> p.m.			

20d. INJURY OCCURRED WHILE AT <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.) <i>Mar 21, 1958</i>		20f. CITY, TOWN, OR LOCATION <i>Mar 31, 1958</i>		COUNTY <i>Mar. 29, 1958</i>		STATE	
21. I attended the deceased from Death occurred at <i>8</i>		and last saw her alive on <i>Mar. 29, 1958</i>		m on the date stated above; and to the best of my knowledge, from the causes stated.					

22a. SIGNATURE <i>J. H. Bauman</i> (Degree or title)		22b. ADDRESS <i>California</i>		22c. DATE SIGNED <i>4/3/58</i>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>4-2-1958</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Evangelical Cemetery</i>		23d. LOCATION (City, town, or county) <i>Mar.</i>		(State)	
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24. FUNERAL DIRECTOR <i>Hugh E. Hellman</i>		ADDRESS <i>California Mo</i>		25. DATE RECD. BY LOCAL REG. <i>4/3/58</i>		26. REGISTRAR'S SIGNATURE <i>Helen L. Popejoy</i>	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MAY 16 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 *Hugh E. Williams*

Licensed Embalmer No. *3537*

P. O. Address *California*

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.