

CERTIFICATE OF DEATH

STATE FILE NUMBER
124 71 0002627

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 4

VS 300
Rev. 1/70

DO NOT WRITE
ON THIS STUB

9. 1
10a. 61
10b.
11. 0
12. 2
13. 3949
14.
15. 4
16.
17.
18. 0
19. CREDITS
20. 3-0

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED, IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. Hazel Emma Cram			2. Female	Jan 16 1971		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)			AGE—LAST BIRTHDAY (YEARS) MOS. DAYS	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White			5a. 61	6. Jan 5 1910		7a. Moniteau
CITY, TOWN, OR LOCATION OF DEATH			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. California, Mo			7c. Yes			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)			CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)	
8. Missouri			9. U.S.A.		10. Widowed	
SOCIAL SECURITY NUMBER			USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY	
12. Unknown			13a. House Wife		13b. Own Home	
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		STREET AND NUMBER	
14a. Missouri		14b. Moniteau	14c. California, Mo		14d. Yes	
FATHER—NAME FIRST MIDDLE LAST		MOTHER—MAIDEN NAME FIRST MIDDLE LAST				
15. A.L. Bige Cook-(Deceased)		16. Leona Virginia Cook-(Deceased)				
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Paul Cram			17b. California, Mo -65018			
PART I. DEATH WAS CAUSED BY:			ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE						
(a) Cerebral Vascular Accident						3 Wks.
(b) Intoxication - from Mitral Valve Prostheses						
(c)						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			AUTOPSY (YES OR NO)			IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH
Mitral Valve Prostheses - Cardiac Pacemaker			19a. No			19b.
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)		DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)		
20a.		20b.	20c.	20d.		
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)		IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS	
20e.		20f.	20g.		20h. YES NO UNK.	
CERTIFICATION—PHYSICIAN:		AND LAST SAW HER ALIVE ON		I DID NOT VIEW THE BODY AFTER DEATH.		DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
21a. 8-17-62		21b. 1-12-71		21c. 1-12-71		21d. 1/18/71
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.						
22a.						
CERTIFIER—NAME (TYPE OR PRINT)			SIGNATURE		DEGREE OR TITLE	
23a. Lionel M. Gallagher, M.D.			23b. Donald M. Saele		DATE SIGNED (MONTH, DAY, YEAR)	
MAILING ADDRESS—CERTIFIER			STREET OR R.F.D. NO.		CITY OR TOWN	
23d.			23e. California, Mo.		STATE	
BURIAL, CREMATION, REMOVAL (SPECIFY)		CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE		
24a. Burial		24b. City Cemetery		24c. California, Mo		
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS		STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP		
24d. 1/19/71		24e. Bowlin Funeral Home-100 S Oak		24f. California, Mo-65018		
FUNERAL DIRECTOR—SIGNATURE			REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25a. Jack R. Bowlin			25b. Florence H. Kieley		25c. January 19-1971	

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

JAN 28 1971

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

Jack H. Bowlin

Licensed Embalmer No. 4933

P. O. Address California, 190

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.