

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4203

State File No. ....

FILED MAR 19 1956

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

BIRTH NO. _____		REG. DIST. NO. <u>82</u>		PRIMARY REG. DIST. NO. <u>3017</u>		Registrar's No. <u>29</u>	
1. PLACE OF DEATH a. COUNTY <u>Cooper Co.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution? residence before admission?) a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>			
b. CITY OR TOWN <u>Boonville</u>		c. LENGTH OF STAY (in this place) <u>5 yrs</u>		c. CITY OR TOWN <u>Centertown</u>		d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Haas Rest Home</u>				e. STREET ADDRESS (If rural, give location) <u>0260</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Julid</u> b. (Middle) _____ c. (Last) <u>CRONIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 7 1956</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never Married</u>	8. DATE OF BIRTH <u>Feb. 15-1858</u>		9. AGE (In years last birthday) <u>98</u>	# UNDER 1 YEAR Months <u>0</u> Days <u>22</u>	# UNDER 100 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>no.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>California Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Timothy Cronin</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Evans</u>		14. NAME OF HUSBAND OR WIFE <u>never Married</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give way or dates of service) <u>no.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Laura Hart Jones California 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) <u>Hypertension myocarditis, valvular</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>senility</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____					
22. I hereby certify that I attended the deceased from <u>Mar 7 1956</u> to <u>Mar 8 1956</u> , that I last saw the deceased alive on <u>Mar 7, 1956</u> and that death occurred at <u>8 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. H. Chain Kellam M.D.</u>				23b. ADDRESS <u>Boonville Mo.</u>		23c. DATE SIGNED <u>3-7-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-10-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Catholic Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>California Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3/8/56</u>		REGISTRAR'S SIGNATURE <u>St. Hooper 381</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Hugh E. Williams California Mo.</u>			

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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.