

Central Office of Vital Statistics
FILED NOV 5 1948

Registration District No. **2944**

Primary Registration District No. **5796**

Registrar's No. **57**

1. PLACE OF DEATH:

(a) County..... **Moniteau**
(b) City or town..... **Rural**
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: **1**
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution.....
(Specify whether
In this community..... **Entire Life**
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State..... **Missouri** (b) County..... **Moniteau 68**
(c) City or town..... **Rural**
(If outside city or town limits, write "RURAL")
(d) Street No.....
(If rural, give location)
(e) Citizen of foreign country?..... (Yes or No)
If yes, name country.....

3. (a) PRINT FULL NAME **TIMOTHY T. CRONIN**

3. (b) If veteran, name war..... 3. (c) Social Security No.

4. Sex..... **Male D** 5. Color or race..... **White**
6. (a) Single, widowed, married, divorced..... **Single**
6. (b) Name of husband or wife..... 6. (c) Age of husband or wife if alive..... years
7. Birth date of deceased..... **July 20, 1880**
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day
68 3 hr. min.

9. Birthplace..... **Moniteau County, Mo.**
(City, town, or county) (State or foreign country)

10. Usual occupation..... **Farmer**

11. Industry or business.....
12. Name..... **Timothy Cronin**
13. Birthplace..... **Ireland**
(City, town, or county) (State or foreign country)
14. Maiden name..... **Margret Evans**
15. Birthplace..... **Ireland**
(City, town, or county) (State or foreign country)

16. (a) Informant..... **John Cronin**
(b) Address..... **California, Mo. R.F.D.**
17. (a) **Burial** (b) Date thereof..... **10/23/48**
(Burial, cremation, or removal) (Month) (Day) (Year)
(c) Place: burial or cremation..... **Catholic Cemetery**

18. (a) Signature of funeral director..... **WILLIAMS FUNERAL HOME**
(b) Address..... **California, Mo.**

19. (a) **10-22-48** (b) **HR Popyoy**
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month..... **October** day..... **20**
year..... **1948** hour..... **9** minute..... **45** P. M.

21. I hereby certify that I attended the deceased from.....
Sept. 19, 1948 to..... **Oct. 20, 1948**
that I last saw him alive on..... **Oct. 20, 1948**
and that death occurred on the date and hour stated above.

Immediate cause of death..... **Myocardial Infarction of heart**

Due to..... **Coronary Arteriosclerosis**

Due to..... **Large Atherosclerotic Plaque** **4 cm**

Other conditions.....
(Include pregnancy within 3 months of death)

Major findings:
Of operations.....

Of autopsy.....

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify).....
(b) Date of occurrence.....
(c) Where did injury occur?..... (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place?..... (Specify type of place)
While at work?..... (e) Means of injury..... **D**

23. Signature..... **J. P. Burns, Jr. M.D.** (M. D. or other).....

Address..... **California, Mo.** Date signed..... **10/27/48**

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

RECEIVED
District Health Officer No. 9,
District File Number
Date Filed NOV 4 1948

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____
Registered Apprentice No. _____
working under my personal supervision.

Signed *W. E. Friedman*
Licensed Embalmer No. 2854
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.