S. No. 300
V. 10.48

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

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15904

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 646

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 4 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 824 Jules Street

3. NAME OF DECEASED (Type or Print)
a. (First): Lee
b. (Middle): H.
c. (Last): Cromer

4. DATE OF DEATH (Month) (Day) (Year): May 30, 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: January 20, 1889
9. AGE (In years last birthday): 61 — If under 1 year: Months ___ Days ___ If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Locomotive Engineer
10b. KIND OF BUSINESS OR INDUSTRY: U.P.Railroad
11. BIRTHPLACE (State or foreign country): Pueblo, Colorado.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Frank Cromer
13b. MOTHER'S MAIDEN NAME: Ella Chamberlin
14. NAME OF HUSBAND OR WIFE: Maude Cromer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): *** **
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: James F. Cromer — **ADDRESS**: Juniata, Nebr.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Amyotrophic Lateral Sclerosis — INTERVAL BETWEEN ONSET AND DEATH: 18 mos.

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 — 3561

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-1, 1950, *to* 5-30, 1950, *that I last saw the deceased alive on* 5-29, 1950, *and that death occurred at* 6:25 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE: Allen J. Herman (Degree or title): MD
23b. ADDRESS: 620 Francis St.
23c. DATE SIGNED: 6-1-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 5/30/50.
24c. NAME OF CEMETERY OR CREMATORY: Kinsley Funeral Home.
24d. LOCATION (City, town, or county) (State): Marysville, Kansas.

DATE REC'D BY LOCAL REG.: June 2, 1950
REGISTRAR'S SIGNATURE: E. L. Jenkins 382
25. FUNERAL DIRECTOR'S SIGNATURE: Walter Meierhoffer — **ADDRESS**: 1946 Colhoun St. St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JUN 12 1950

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.

Signed Raymond H. Morehea

Signed ******* Student Embalmer

Licensed Embalmer No. 4413 Missouri.

P. O. Address St. Joseph, Missouri.

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.