

FILED OCT 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33238

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>128</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>907</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>3 hours</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sedalia</u>		<u>0804</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>119 1/2 W. Main</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Orville</u>			b. (Middle) <u>Edward</u>		c. (Last) <u>Kronk</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 15, 1950</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>June 6, 1932</u>		9. AGE (In years last birthday) <u>18</u>	IF UNDER 1 YEAR Months <u>3</u> Days <u>9</u>	IF UNDER 1 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chrome Finisher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		11. BIRTHPLACE (State or foreign country) <u>Washington, Missouri</u>		12. CITIZENSHIP OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Richard Kronk</u>			13b. MOTHER'S MAIDEN NAME <u>Icey Floyed Giboney</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Icey F. Kronk</u>		ADDRESS <u>Sedalia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock, secondary, severe</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hemorrhage, internal</u> <u>Source undetermined</u> DUE TO (c) <u>Fracture, femur, right, 6 hours</u> <u>lower third.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> <u>6 1/2</u> <u>32</u>	
19a. DATE OF OPERATION <u>—</u>	19b. MAJOR FINDINGS OF OPERATION <u>none</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <u>Highway</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway #60</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Maupied Webster Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>10 15 50 2:30</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Auto accident. P.P.R.</u>			
22. I hereby certify that I attended the deceased from <u>10/15</u> 19 <u>50</u> , to <u>10/15</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>10/15</u> , 19 <u>50</u> , and that death occurred at <u>9:35 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>William Wood MD</u>				23b. ADDRESS <u>205 St. Louis St. City</u>		23c. DATE SIGNED <u>10/16/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Oct. 15, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Unknown</u>		24d. LOCATION (City, town, or county) (State) <u>Sedalia, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>10-16-50</u>		REGISTRAR'S SIGNATURE <u>W.G. Sandley MD</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Gorman-Scharpf Funeral Home</u> <u>Springfield, Missouri</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

V0396

APR 27 1954

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 *L. Paulin Gorman*

Signed.....
Student Embalmer

Licensed Embalmer No. *3177*

P. O. Address *Springfield 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.