

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

37229

State File No. ....

5070

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST MARY HOSPITAL</u>		d. STREET ADDRESS (If rural, give location) <u>301 West Armour</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>VIOLA</u> b. (Middle) <u>M</u> c. (Last) <u>CROMWELL</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 25 1951</u>
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5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>9-10-1894</u>	9. AGE (In years last birthday) <u>57</u>	If UNDER 1 YEAR Months <u>1</u>	If UNDER 24 HRS. Days <u>1</u>	Hours <u>1</u>	Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RETIRED NEAR-EMPLOYEE</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>INTERNAL REVENUE BUREAU OFFICE</u>	11. BIRTHPLACE (State or foreign country) <u>LATHROP MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>CHARLES POSTON</u>	13b. MOTHER'S MAIDEN NAME _____	14. NAME OF HUSBAND OR WIFE <u>FRANK H. Cromwell</u>
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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>495-07-6846</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MR FRANK H. Cromwell</u>	ADDRESS <u>301 W. ARMOUR KANSAS CITY MO</u>
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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>Metastatic Fibrosarcoma</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Fibrosarcoma primary of left thigh tissue</u>		<u>1 year</u>
	DUE TO (c) _____		<u>1951</u>
	II. OTHER SIGNIFICANT CONDITIONS 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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 10-8, 1951, to 11-25, 1951, that I last saw the deceased alive on 11-25, 1951, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Graham Asher MD</u>	23b. ADDRESS <u>Kansas City 6 mo 1220 Professional Bldg</u>	23c. DATE SIGNED <u>11-26-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>11-27-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sathrop, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Sathrop, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-27-51</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>O. H. Newcomer</u>	ADDRESS <u>301 WEST ARMOUR BLVD. KANSAS CITY, MO.</u>
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No. 3001  
10.48

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

no 8180

**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 .....  
Student Embalmer

Signed Charles H. Stickney

Licensed Embalmer No. 4560

P. O. Address Ke. 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.