

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2396

State File No.

BIRTH NO. REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Marothan</u>	
c. LENGTH OF STAY (in this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCormick Osteopathic Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Mary</u>	b. (Middle) <u>June</u>	c. (Last) <u>Crone</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>January 18, 1954</u>
-------------------------------------	------------------------	-------------------------	------------------------	---

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>May 3, 1971</u>	9. AGE (In years last birthday) <u>81</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u>	IF UNDER 60 HRS. Hours <u> </u> Min. <u> </u>
----------------------	-------------------------------	---	-------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>	12. CITIZENSHIP OF WHAT COUNTRY? <u>U.S.A.</u>
--	--	--	--

13a. FATHER'S NAME <u>Peter Donaldson</u>	13b. MOTHER'S MAIDEN NAME <u>Sopha Pewsey</u>	14. NAME OF HUSBAND OR WIFE <u>Charles C. Crone</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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>R. E. Crone</u> ADDRESS <u>Albert City, Iowa</u>
--	-------------------------------------	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>10 min.</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		21 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Virus Pneumonia</u> DUE TO (c) <u> </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"/>
------------------------	----------------------------------	--

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) (Min.)	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 Dec. 29, 1954, to Jan. 18, 1954, that I last saw the deceased alive on Jan. 18, 1954 and that death occurred at 5:25P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. E. Crone M.D.</u>	23b. ADDRESS <u>Madison Mo. 1-89-54</u>	23c. DATE SIGNED
--	---	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Jan. 21, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Marothan Cemetary</u>	24d. LOCATION (City, town, or county) (State) <u>Marothan Iowa</u>
---	--------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>Jan 19 1954</u>	REGISTRAR'S SIGNATURE <u>Carrolline Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Vred A. Hanson</u> ADDRESS <u>Madison</u>
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Leed G. Johnson

Licensed Embalmer No. 1420

P. O. Address Madison, 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.