

FILED AUG 23 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28619

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 0050 Registrar's No. 199

1. PLACE OF DEATH a. COUNTY <u>Randolph</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly (Rural)</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Sugar Creek, Twshp</u>		d. STREET ADDRESS (If rural, give location) <u>088°</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sugar Creek Twshp</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Aldie</u> b. (Middle) <u>May</u> c. (Last) <u>Cronan</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 11th 1954</u>		
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>Dec. 23rd 1883</u>	9. AGE (In years last birthday) <u>70</u>	10. UNDER 1 YEAR Days <u>7</u> Hours <u>18</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>James Esry</u>		13b. MOTHER'S MAIDEN NAME <u>Leutecia Dollar</u>		14. NAME OF HUSBAND OR WIFE <u>Richard L. Cronan</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>✓</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>R.L. Cronan, RFD, Moberly, 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>Mycarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>High Blood Pressure</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Incomplete fracture left Femur June 17/54</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Several weeks</u> <u>second week</u>
19a. DATE OF OPERATION <u>✓</u>	19b. MAJOR FINDINGS OF OPERATION <u>44-3x F</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Moberly, Mo.</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Moberly, Mo., Randolph</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>June 14, 1954 - m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Fell in the yard.</u>			
22. I hereby certify that I attended the deceased from <u>June 15, 1954</u> , to <u>Aug. 11, 1954</u> , that I last saw the deceased alive on <u>July 20, 1954</u> , and that death occurred at <u>11:50 P.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Dr. L. E. Huber, M.D.</u>		(Degree) (Title)	23b. ADDRESS <u>Moberly, Mo</u>		23c. DATE SIGNED <u>8/13/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-14th 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary's</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly, Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-14-54</u>	REGISTRAR'S SIGNATURE <u>Paula Helms</u>	2695	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Mahans and Son, Moberly, Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10.48

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

Frank D D Witt

Licensed Embalmer No. 3021

P. O. Address Mobile, Ala

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.