

FILED JAN 10 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **824**
6

| | | | | | | | |
|---|-------------------------------|---|---|--|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 128 | | PRIMARY REG. DIST. NO. 2000 | | Registrar's No. _____ | |
| 1. PLACE OF DEATH a. COUNTY Greene | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield | | c. LENGTH OF STAY (in this place) _____ | | c. CITY OR TOWN Springfield | | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION: Burge Hospital 0 | | | | * STREET ADDRESS (If rural, give location) RFD#6 Box 150 0380 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) SAMUEL | | | b. (Middle) R. | | c. (Last) CRONK | | 4. DATE OF DEATH (Month) (Day) (Year) Jan. 2, 1955 |
| 5. SEX Male 0 | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH 12 April 1908 | 9. AGE (In years last birthday) 46 | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 1 HR. Hours _____ Min. _____ |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Creosote Factory Employee | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | 11. BIRTHPLACE (City and State or Foreign Country) Missouri 0 | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Unknown | | 13b. MOTHER'S MAIDEN NAME Unknown | | 14. NAME OF HUSBAND OR WIFE Beulah Cronk | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | 16. SOCIAL SECURITY NO. (If yes, give year or date of service) No | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Beulah Cronk Springfield, Mo. | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH Unknown |
| <p>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</p> | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Probable Coronary Occlusion | | | | | |
| | | ANTECEDENT CAUSES | | | | | |
| | | <p>Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last.</p> <p>DUE TO (b) _____</p> <p>DUE TO (c) _____</p> | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS | | | | | |
| | | <p>Conditions contributing to the death but not related to the disease or condition causing death.</p> <p style="text-align: center; font-size: 2em; font-weight: bold; transform: rotate(-15deg);">UNATTENDED BY A PHYSICIAN</p> | | | | | |
| | | | | | | | |
| 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) 4201 | | | |
| 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? _____ | | | |
| 22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:00P.m. , from the causes and on the date stated above. | | | | | | | |
| 23. SIGNATURE Wm. Williams Local Registrar of Vital Statistics | | | | 23b. ADDRESS Greene County Court House Springfield, Mo | | 23c. DATE SIGNED 1-3-55 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | | 24b. DATE 1-4-55 | 24c. NAME OF CEMETERY OR CREMATORY PLEASANT GROVE CEMETERY | | 24d. LOCATION (City, town, or county) (State) GREENE COUNTY, MO. | | |
| DATE REC'D BY LOCAL REG. 1-3-55 | | REGISTRAR'S SIGNATURE Wm. Williams | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wm. Williams & Co Springfield, Mo. | | | |

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

JUN 15 1955

JAN 10 1955

JUN 14 1955

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.....
Signature of Student Embalmer

Signed.....
Ogden Slone Jr.

Licensed Embalmer No. 417

P. O. Address Springfield

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.