

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **12451**

FILED APR 25 1955

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

BIRTH NO. _____		REG. DIST. NO. 169		PRIMARY REG. DIST. NO. 5618		Registrar's No. 28	
1. PLACE OF DEATH a. COUNTY KNOX				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY KNOX			
b. CITY (If outside corporate limits, write RURAL and give township) RURAL (Baring)		c. LENGTH OF STAY (In this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) RURAL - Baring township		0520	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS 2 MILES N. BARING			
3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) THOMAS c. (Last) DROMEY			4. DATE OF DEATH (Month) (Day) (Year) APRIL 19 1955				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JAN 4-1875	
9. AGE (In years last birthday) 80		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) KNOX COUNTY Mo.	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME JAMES DROMEY			13b. MOTHER'S MAIDEN NAME JOHANNA COTTER		14. NAME OF HUSBAND OR WIFE SOPHIA DROMEY		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs John Dromey			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arterio-Sclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331X					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.) Baring		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Knox Mo.			
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 not present at time of death (that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) C. L. Dennis M.D.				23b. ADDRESS Baring Mo.		23c. DATE SIGNED 4/22/55	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APRIL 21-1955		24c. NAME OF CEMETERY OR CREMATORY ST. ALOYSIUS CEMETARY		24d. LOCATION (City, town, or county) (State) BARING Mo.	
DATE REC'D BY LOCAL REG. Apr. 21-55		REGISTRAR'S SIGNATURE Helle A. Hunn		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Paul C. Kieglehaus			

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 Paul C. Kriegshauser

Licensed Embalmer No. 4085

P. O. Address Edina Missouri

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.