

FILED NOV 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **36005**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **1236**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a-STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) St. Joseph	c. LENGTH OF STAY (In this place) 30 Yrs	c. CITY OR TOWN St. Joseph.	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION St. Joseph Hosp.		e. STREET ADDRESS (If rural, give location) 2225 So. 15th. St.	

3. NAME OF DECEASED (Type or Print) Arthur W. Cronin	a. (First) William	b. (Middle)	c. (Last) Cronin	4. DATE OF DEATH (Month) (Day) (Year) Nov. 20, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 27, 1891	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 10 Days 23	IF UNDER 2 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sheep Salesman	10b. KIND OF BUSINESS OR INDUSTRY Farmers Union	11. BIRTHPLACE (City and State or Foreign Country) / Iowa City, Iowa	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Wm. Cronin	13b. MOTHER'S MAIDEN NAME Katherine Riely	14. NAME OF HUSBAND OR WIFE Leola Cronin (wife)
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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) No	16. SOCIAL SECURITY NO. 487-09-0071	17. INFORMANT'S SIGNATURE OR NAME Mrs. Leola Cronin	ADDRESS 2225 So. 15th
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION St. Joseph, Mo.		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Duodenal Ulcer		3 years
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hemorrhage of Ulcer		3 weeks
DUE TO (c) Uremia 5410		3 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION 5 Nov 1955	19b. MAJOR FINDINGS OF OPERATION Duodenal Ulcer Hemorrhagic	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., to 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 **4 Nov, 1955** to **20 Nov, 1955**, that I last saw the deceased alive on **20 Nov, 1955**, and that death occurred at **5 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE D. M. [Signature]	(Degree or title) 0	23b. ADDRESS St. Joseph Mo	23c. DATE SIGNED 11-20-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Nov. 22-55	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
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DATE REC'D BY LOCAL REG. Nov 23, 1955	REGISTRAR'S SIGNATURE Lothar M. Allison	485	25. FUNERAL DIRECTOR'S SIGNATURE Herman W. Sidenfaden	ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

Krueger

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 Richard E. Nichols Student Embalmer No. 521 working under my personal supervision.

Student Richard E. Nichols
Signature of Student Embalmer

Signed Robert H. Gaylor

Licensed Embalmer No. 330

P. O. Address St. Joseph

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.