

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 0 17 6 7 0
STATE FILE NUMBER

FILED JUN 4 1957

Registration District No. 155 Primary Registration District No. 5579 Registrar's No. 91

1. PLACE OF DEATH a. COUNTY JASPER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN ORONOGO		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN ORONOGO		Inside Limits es <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RT#1 ORONOGO			Length of stay in lb 12 YRS		d. STREET ADDRESS RT#1 ORONOGO		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH		Month Day Year		
First Middle Last EDWARD T KRONE				5 24 1957				
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 6-17, 1889		
9. AGE (In years last birthday) 67		IF UNDER 1 YEAR Months 11 Days 6 Hours Min. 		IF UNDER 24 HRS. Hours Min. 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED RAILROAD MAN			10b. KIND OF BUSINESS OR INDUSTRY RAILROAD EMPLOYEE		11. BIRTHPLACE (City and state or country) DEXTER, TENN		12. CITIZEN OF WHAT COUNTRY? U.S.A	
13. FATHER'S NAME WILLIAM KRONE				14. MOTHER'S MAIDEN NAME JENNIE CALL				
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 MARY KRONE Address RT#1 ORONOGO, MO			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Respiratory Failure CORONARY OCCLUSION Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4201							INTERVAL BETWEEN ONSET AND DEATH 30 MIN 10 MIN	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE				
21. I attended the deceased from 5-24-57 to 5-24-57 and last saw her alive on 5-24-57 Death occurred at 1:20 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Alma M D (Type or Print)				22b. ADDRESS Alma M D		22c. DATE SIGNED 5-26-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 5-27-1957	23c. NAME OF CEMETERY OR CREMATORY WEBB CITY CEMETERY		23d. LOCATION (City, town, or county) WEBB CITY		(State) MO	
24. FUNERAL DIRECTOR HEDGE-LEWIS FUNERAL HOME WEBB CITY, MO			25. DATE RECD. BY LOCAL REG. 5-27-57		26. REGISTRAR'S SIGNATURE Mrs. Madeline Sirtgen			

RECEIVED
Wasper County Health Office
County File Number 57-6-413
Date Filed JUN 3 1957

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 *Richard Gray Lewis*

Licensed Embalmer No. 440

P. O. Address *Wash City*

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.