

FILED DEC 5 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40281

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5392

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City 488 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1600 Genessee		Length of stay in lb 57 yrs.	d. STREET ADDRESS (If outside, give location) 517 Knickerbocker Pl. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First CHARLES Middle C. Last CRONIN			4. DATE OF DEATH Month Nov. Day 13, Year 1957
5. SEX Male	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 5, 1900
9. AGE (In years last birthday) 57		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cattle Buyer		10b. KIND OF BUSINESS OR INDUSTRY Meat Packing Co.	11. BIRTHPLACE (City and state or country) Kansas City, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME John F. Cronin	
14. MOTHER'S MAIDEN NAME Sarah C. Carr		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. 510-05-6828		17. INFORMANT John F. Cronin, 517 Knickerbocker Pl. KC. Mo. Address _____	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Coronary Artery Occlusion - DUE TO (c) Coronary Artery Sclerosis -			INTERVAL BETWEEN ONSET AND DEATH 15 min. 15 min. 2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Left Bundle Branch Block - 4201			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office, etc.) _____	
20e. CITY, TOWN, OR LOCATION _____		20f. COUNTY _____	
20g. STATE _____		20h. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21. I attended the deceased from Nov. 1st 1955 and last saw him alive on Oct 24 1957 Death occurred at 7:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Graham Asher M.D.		22b. ADDRESS 1220 Professional Bldg. Kansas City 6 Mo.	
22c. DATE SIGNED 11-14-57		22d. _____	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 11/16/57	
23c. NAME OF CEMETERY OR CREMATORY Calvary Cemetery		23d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
24. FUNERAL DIRECTOR QUIRK & TOBIN-20 W. Linwood, K.C. Mo. ADDRESS _____		25. DATE RECD. BY LOCAL REG. 11-14-57	
26. REGISTRAR'S SIGNATURE neva minshall		_____	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Graham Asher

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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 

Licensed Embalmer No. 413
P. O. Address J.C.M.

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.