

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-044633

STATE FILE NUMBER

FILED DEC 18 1958

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 237

300
1-57

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 Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Carthage
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 331½ E. 4th St.		Length of stay in 1b 20 yrs.	d. STREET ADDRESS (If outside, give location) 331½ E. 4th St.
3. NAME OF DECEASED (Type or print) First Middle Last John F Cronin		4. DATE OF DEATH Month Day Year Dec. 12, 1958	
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 Nov. 27, 1901
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired geologist		10b. KIND OF BUSINESS OR INDUSTRY Texaco Oil Co.	11. BIRTHPLACE (City and state or country) Carthage, Mo.
13a. FATHER'S NAME James Cronin		13b. MOTHER'S MAIDEN NAME Bertha Shoffner	14. NAME OF HUSBAND OR WIFE none
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give year or dates of service) yes w 2		16. SOCIAL SECURITY NO. 443-01-9959	17. INFORMANT Address Carthage, Mo. Chas. D. Baldrige, 206 W. Chestnut
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Apparently coronary occlusion Another roomer heard Cronin gasping - found him on floor of his room - crossed street to get help. On return Cronin died as men entered the room. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (a) DUE TO (c) room. 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 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 o.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 _____ and last saw her/him alive on _____ Death occurred at 7:10 A m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>EM Clinton</i> (Degree or title) Social & Registrar		22b. ADDRESS 1246 Grand, Carthage, Mo.	22c. DATE SIGNED 12-12-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12-16-58	23c. NAME OF CEMETERY OR CREMATORY Park Cemetery	23d. LOCATION (City, town, or county) (State) Carthage, Missouri
24. FUNERAL DIRECTOR KNELL MORTUARY, Carthage, Mo.		25. DATE RECD. BY LOCAL REG. 12-13-58	26. REGISTRAR'S SIGNATURE <i>EM Clinton</i>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

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DEC 19 1958

VS NOV 25 1959

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 D. S. Isbell

Licensed Embalmer No. 4970
P. O. Address Carthage, Mo

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.