

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005483

STATE FILE NUMBER

454

Registration District No. 149

Primary Registration District No. 1002

Registrar No.

FEB 17 1959

300
7-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Northwest Restorium</u>		Length of stay in lb <u>20 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>3240 Norledge</u>
3. NAME OF DECEASED (Type or print) First <u>Sarah</u> Middle <u>Elizabeth</u> Last <u>Chrominger</u>		4. DATE OF DEATH Month <u>Jan</u> Day <u>-20-</u> Year <u>1959</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug-11-1875</u>
9. AGE (In years - last birthday) <u>83</u>		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) <u>Homemaker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTH PLACE (City and state or country) <u>Medville - Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Seth Botts</u>	
13b. MOTHER'S MAIDEN NAME <u>Rumie</u>		14. NAME OF HUSBAND OR WIFE <u>Cesar G. Chrominger</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Kenneth J. Inman</u> Address <u>Jades Mo</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary artery thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>8 hr</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Carcinoma of the Larynx</u>			
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 _____ a.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <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 <u>Kansas City Jackson Mo</u>	
21. I attended the deceased from <u>Jan 1958</u> to <u>Jan 1959</u> and last saw her alive on <u>Dec 31 1958</u> Death occurred at <u>8 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>B. L. Shireman M.D.</u>		22b. ADDRESS <u>4606 St John KC Mo</u>	
22c. DATE SIGNED <u>1-23-59</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
23b. DATE <u>Jan-24-59</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Greenlawn</u>	
23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>		24. FUNERAL DIRECTOR <u>Roland R. Speaks Jades Mo</u>	
25. DATE RECD. BY LOCAL REG. <u>1-24-59</u>		26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
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All diseases in Part I must be causally related.

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 *Poland R. Speake*

Licensed Embalmer No. *365*

P. O. Address *Indy, Ind*

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.