

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-015877

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 178 Primary Registration District No. _____ Registrar's No. 33

FILED MAY 8 1962

VS 300 Rev. 4/59
1 0560
2 0560
3
4 0
5 1
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7 0
8 2
9 4201
10
11
12 90-2
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>LEWIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>LEWIS</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>LEWISTOWN</u>		c. CITY OR TOWN <u>LEWISTOWN</u>	
Length of stay in 1b <u>XXXXXXXX</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>XXXXXXXXXXXXXXXXXXXX</u>		d. STREET ADDRESS (If outside, give location) <u>XXXXXXXXXXXXXXXXXXXX</u>	
3. NAME OF DECEASED (Type or print) First <u>JOHN</u> Middle <u>MICHEAL</u> Last <u>MCCRONE</u>		4. DATE OF DEATH Month <u>APRIL</u> Day <u>25</u> Year <u>1962</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8/21/77</u>
9. AGE (last birthday) <u>84yrs.</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GENERAL</u>	11. BIRTHPLACE (City and state or country) <u>ST. LOUIS, MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>PATRICK MCCRONE</u>	
13b. MOTHER'S MAIDEN NAME <u>BRIDGET TOOHEY</u>		14. NAME OF HUSBAND OR WIFE <u>MARY MCCRONE</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>XXXXXXXXXXXX</u>	17. INFORMANT <u>MARY MCCRONE LEWISTOWN, MISSOURI</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 Thrombosis with Embolism</u>			INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
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)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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 _____ a.m. _____ p.m. Month, Day, Year _____			
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 <u>Aug 1952</u> to <u>25 Apr 62</u> and last saw <u>him</u> alive on <u>25 Apr 62</u> Death occurred at <u>D.O.A.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>John W. Willis, D.O.</u> (Degree or title)		22b. ADDRESS <u>Lewistown Mo</u>	22c. DATE SIGNED <u>28 Apr 62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>4/28/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>QUEEN OF PEACE</u>	23d. LOCATION (City, town, or county) (State) <u>EWING, MISSOURI</u>
24. FUNERARY DIRECTOR <u>Charles L. Arnold</u> ADDRESS <u>LEWISTOWN, MO.</u>		25. DATE RECD. BY LOCAL REG. <u>4-30-62</u>	26. REGISTRAR'S SIGNATURE <u>Mrs. Henry Lloyd</u>

USE BLACK INK OR TYPEWRITER RIBBON

MAY 10 1962

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 Charles L. Arnold, Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MISSOURI

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.