

**STANDARD CERTIFICATE OF DEATH**

State File No. **41375**

FILED DEC 18 1951

BIRTH NO. _____		REG. DIST. NO. <b>137</b>		PRIMARY REG. DIST. NO. <b>3023</b>		Registrar's No. <b>566</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (When deceased lived. If institution: residence before admission.)			
a. COUNTY <b>Henry</b>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Henry</b>	
c. LENGTH OF STAY (in this place) <b>23 years</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Clinton</b>		d. STREET ADDRESS (If rural, give location) <b>101 S. Orchard St.</b>		d. STREET ADDRESS (If rural, give location) <b>101 S. Orchard St.</b>	
3. NAME OF DECEASED			4. DATE OF DEATH			5. SEX	
a. (First) <b>Etta</b>	b. (Middle) <b>Jane</b>	c. (Last) <b>Cromer</b>	a. (Month) <b>Dec.</b>	b. (Day) <b>10</b>	c. (Year) <b>1951</b>	Female	
6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <b>Single</b>		8. DATE OF BIRTH <b>Sept. 5, 1873</b>		9. AGE (in years last birthday) <b>78</b>	10. MONTHS <b>3</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Home work</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <b>Henry Co. Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		11. HOURS <b>5</b>	11. MIN. _____
13a. FATHER'S NAME <b>George H. Cromer</b>		13b. MOTHER'S MAIDEN NAME <b>Barbara E. Hoffnagle</b>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Jess Warman, Clinton, Mo.</b>			
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>MYOCARDITIS</b>				<b>INSTANT</b>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc.: It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last... DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <b>4222</b>		YES <input type="checkbox"/>	NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>NO</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>3 p. m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Nugh B. Walker, MD, Coroner</b>				23b. ADDRESS <b>Clinton, Mo.</b>		23c. DATE SIGNED <b>11 Dec. 1951</b>	
24a. BURIAL/CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Dec. 12, 51</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Teays Chapel Cem.</b>		24d. LOCATION (City, town, or county) (State) <b>Montrose, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>Dec-12-51</b>		REGISTRAR'S SIGNATURE <b>Florence Adair</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>H. A. Vassault</b>		ADDRESS <b>Clinton, Mo.</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

DEC 17 1951

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed

DEC 17 1951

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 .....  
Student Embalmer

Signed

*W. A. Vansant*

Licensed Embalmer No.

3779

P. O. Address

*Clinton, 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 this body is not embalmed, fact should be so stated above.