

FILED APR 5 1949

STANDARD CERTIFICATE OF DEATH

State File No. 7712

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5267 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural N. Galloway		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural N. Galloway	
d. FULL NAME OF HOSPITAL OR INSTITUTION 6 Miles South of Wixom, Mo.		d. STREET ADDRESS (If rural, give location) 6 Miles South of Wixom, Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) J. c. (Last) C. Tomley		4. DATE OF DEATH (Month) (Day) (Year) 3 16 49	
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 8-14-1869
9. AGE (In years last birthday) 79		IF UNDER 1 YEAR 7	IF UNDER 1 YEAR 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Indiana
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Benjamin Cromley	
13b. MOTHER'S MAIDEN NAME Louisa Bowen		14. NAME OF HUSBAND OR WIFE Never Married	
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. None	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Ralph Robertson Ozark, Rtl., Mo.		ADDRESS	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Influenza		INTERVAL BETWEEN ONSET AND DEATH Undetermined
	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. Arterial sclerosis, heart disease		

19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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) m.	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 3-14, 1949, to 3-16, 1949, that I last saw the deceased alive on 3-14, 1949, and that death occurred at 4:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Herald Shaffer D.O. J.	23b. ADDRESS Wixom, Mo.	23c. DATE SIGNED 3-16-49
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-18-1949	24c. NAME OF CEMETERY OR CREMATORY Jones
24d. LOCATION (City, town, or county) Christian Co.		(State) Mo.

DATE REC'D BY LOCAL REG. Feb 21-1949	REGISTRAR'S SIGNATURE Luitta Leonard	59	5. FUNERAL DIRECTOR'S SIGNATURE Phobean Harris	ADDRESS Clever, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6

449-324

4-4-49

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 *John Dean Harris*

Licensed Embalmer No. 4390

P. O. Address Cleary, 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.