No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED AUG 2 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23319

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 359

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (In this place): 9da
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Freeman Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Newton
c. CITY OR TOWN: R 7 D
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒
e. STREET ADDRESS (If rural, give location): Joplin Mo 0730

3. NAME OF DECEASED (Type or Print)
a. (First): Albert
b. (Middle): Lee
c. (Last): Cromer

4. DATE OF DEATH (Month) (Day) (Year): 7-19-1954

5. SEX: M
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 11-30-82
9. AGE (In years last birthday): 71 — 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): Furniture Dealer (used)
10b. KIND OF BUSINESS OR INDUSTRY: 0
11. BIRTHPLACE (City and State or Foreign Country): Deepwater Mo
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: W D Cromer
13b. MOTHER'S MAIDEN NAME: Anna Bridges
14. NAME OF HUSBAND OR WIFE: Sarah Cromer

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Y
(If yes, give war or dates of service): 448
16. SOCIAL SECURITY NO.: -16-2389
17. INFORMANT'S SIGNATURE OR NAME: Mrs Sarah Cromer
ADDRESS: Joplin Mo

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a): Uremia — INTERVAL BETWEEN ONSET AND DEATH: 1 wk.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cardiac — unkn
DUE TO (c): Diabetes — Unkn

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: 260X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 7-10, 19 54, *to* 7-19, 19 54, *that I last saw the deceased alive on* 7-19, 19 54, *and that death occurred at* 1:58 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] MD (Degree or title)
23b. ADDRESS: 1923 Sergeant
23c. DATE SIGNED: 7-22-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-22-54
24c. NAME OF CEMETERY OR CREMATORY: Sarcoxie Cem
24d. LOCATION (City, town, or county) (State): Sarcoxie Mo

DATE REC'D BY LOCAL REG.: 7-26-54
REGISTRAR'S SIGNATURE: Pearl Lamey 138 Mrs Roberta Lampkin
25. FUNERAL DIRECTOR'S SIGNATURE: Jackson & Sons
ADDRESS: Sarcoxie Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED JUL 31 1954
Jasper County Health Office
County File Number 54-7-640
Date Filed JUL 31 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm. K. Jackson

Licensed Embalmer No. 395

P. O. Address Sarcoxie

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.