

FILED APR 4 1955

STANDARD CERTIFICATE OF DEATH

7813

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 269

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u>		b. COUNTY <u>Polk</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>21 Months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural S. Marion Township</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mercy Infirmary</u>		d. STREET ADDRESS (If rural, give location) <u>North East of Morrisville, Mo</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Harry</u>			b. (Middle) <u>J.</u>			c. (Last) <u>Cronin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 24 1955</u>		
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5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Oct. 9, 1874</u>		9. AGE (In years last birthday) <u>80</u>		10. MONTHS <u>5</u>		11. DAYS <u>19</u>		12. HOURS <u>19</u>		13. MINUTES <u>19</u>	
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>Farming</u>				11. BIRTHPLACE (State or foreign country) <u>Calinville, Ill.</u>				12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>					

13a. FATHER'S NAME <u>John Cronin</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown Foley</u>			14. NAME OF HUSBAND OR WIFE <u>Single</u>		
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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>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. James Kinnv. Niles, Mich Box 571</u>				ADDRESS <u>RR1</u>	
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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) <u>Cardiac Failure</u>						INTERVAL BETWEEN ONSET AND DEATH <u>24 Hrs.</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						18 mos.	
		DUE TO (b) <u>Carcinomatosis</u>						20 Mos.	
		DUE TO (c) <u>Carcinoma of prostate</u>							
		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 <u>177X</u>						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)		
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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?			
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22. I hereby certify that I attended the deceased from 6-10, 1953, to 3-24-, 1955, that I last saw the deceased alive on 3-24-55, 1955, and that death occurred at 4:45 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Michael Kelonky M.D.</u>		(Degree or title)		23b. ADDRESS <u>1630 N. Jefferson</u>		23c. DATE SIGNED <u>3-20-55</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 28, 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kerlin</u>		24d. LOCATION (City, town, or county) (State) <u>South of Bolivar, Mo</u>	
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DATE REC'D BY LOCAL REG. <u>4-1-55</u>		REGISTRAR'S SIGNATURE <u>Edith Williamson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Erwin-Bluer</u>				ADDRESS <u>Bolivar, Missouri</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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 Edward R. Erwin.....

Licensed Embalmer No. 3092.....

P. O. Address Baltimore, Md.....

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.