

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25136

STATE FILE NUMBER

FILED AUG 6 1957

Registration District No. 162 Primary Registration District No. 5595 Registrar's No. 66

Health, Welfare and Public Service  
000-56  
No standard nomenclature in item 18. No symptoms written or stated. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
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1. PLACE OF DEATH a. COUNTY <b>JEFFERSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JEFFERSON</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>ROCK TOWNSHIP</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>NEAR IMPERIAL MO</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>NEAR IMPERIAL MO</b>		Length of stay in lb <b>30 YRS</b>		d. STREET ADDRESS (If outside, give location) <b>RURAL ROUTE</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>BEN</b> Middle <b>H.</b> Last <b>CRONACHER</b>				4. DATE OF DEATH Month <b>JULY</b> Day <b>25</b> Year <b>1957</b>			
5. SEX <b>MALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>MAR. 25 1877</b>	
9. AGE (In years last birthday) <b>80</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b> Hours <b>0</b> Min. <b>0</b>		IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ARTIST (RETIRED)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>COMMERCIAL ART</b>		11. BIRTHPLACE (City and state or country) <b>ST. LOUIS MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>	
13. FATHER'S NAME <b>CHRISTIAN PHILIPS CRONACHER</b>				14. MOTHER'S MAIDEN NAME <b>MARY KURTY</b>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b> (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>487 01 9564</b>		17. INFORMANT <b>MAUDE CRONACHER IMPERIAL MO</b> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE - (a) <b>Chr. Myocarditis</b> Conditions, if any, which gave rise to above cause - (a), stating the underlying cause last. DUE TO (b) <b>Arteriosclerosis</b> DUE TO (c) <b>Arteriosclerosis</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)						INTERVAL BETWEEN ONSET AND DEATH <b>4221</b>	
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 <b>AM</b> Month <b>May</b> Day <b>21</b> Year <b>1957</b> a. m. <b>AM</b> p. m.			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 <b>Imperial Jefferson Mo</b>		20g. COUNTY <b>Jefferson</b>		20h. STATE <b>Mo</b>	
21. I attended the deceased from <b>May 21/57</b> to <b>July 25/57</b> and last saw her alive on <b>July 24/57</b> . Death occurred at <b>AM</b> on the date stated above, and to the best of my knowledge from the cause stated.							
22a. SIGNATURE (Debate or title) <b>R. B. Bauer MD</b>				22b. ADDRESS <b>Imperial, Mo</b>		22c. DATE SIGNED <b>7/26/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		23b. DATE <b>JULY 28 1957</b>		23c. NAME OF CEMETERY OR CREMATORY <b>BURGESS CEMETERY</b>		23d. LOCATION (City, town, or county) (State) <b>ANTONIA MO.</b>	
24. FUNERAL DIRECTOR <b>Whilington Funeral Home</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>July 27, 1957</b>		26. REGISTRAR'S SIGNATURE <b>Robert B. Bauer</b>	

**JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI**

DATE RECEIVED

JUL 30 1957

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**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 *Arthur W. Hollister*

Licensed Embalmer No. 38

P. O. Address *Springfield*

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.