

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036929
STATE FILE NUMBER

FILED NOV 10 1958 Registration District No. 165 Primary Registration District No. 5610 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <i>Johnson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Johnson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Jefferson Township</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <i>Jefferson Township</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>At Home</i>		Length of stay in 1b <i>Life</i>	d. STREET ADDRESS (If outside, give location) <i>Rural</i>
3. NAME OF DECEASED (Type or print) First <i>CORA</i> Middle <i>MAE</i> Last <i>CRONHARDT</i>			4. DATE OF DEATH Month <i>October</i> Day <i>30</i> Year <i>1958</i>
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>June 29, 1881</i>
9. AGE (In years last birthday) <i>77</i>		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) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>At Home</i>	11. BIRTHPLACE (City and state or country) <i>Johnson County, Missouri</i>
12. CITIZEN OF WHAT COUNTRY? <i>USA</i>		13a. FATHER'S NAME <i>George Lyle</i>	
13b. MOTHER'S MAIDEN NAME <i>Lena Raggoner</i>		14. NAME OF HUSBAND OR WIFE <i>William H. Cronhardt</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>	17. INFORMANT Address <i>Mr. William H. Cronhardt, Knob Noster, Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cerebral Hemorrhage</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 year</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			<i>331X</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <i>✓</i>	
20c. TIME OF INJURY Hour _____ Month, Day, Year _____ p.m. _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> 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 COUNTY STATE <i>Knob Noster Johnson Mo.</i>	
21. I attended the deceased from <i>Nov 10-57</i> to <i>Oct 30-58</i> and last saw her alive on <i>Oct 30-58</i> Death occurred at <i>1:15 A.M.</i> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>H. W. Krause M.D.</i>		22b. ADDRESS <i>Knob Noster, Missouri</i>	22c. DATE SIGNED <i>10-30-58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>11-1-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Knob Noster Cemetery</i>	23d. LOCATION (City, town, or country) (State) <i>Knob Noster, Missouri</i>
24. FUNERAL DIRECTOR ADDRESS <i>R.A. Brauninger, Warrensburg, Missouri</i>		25. DATE RECD. BY LOCAL REG. <i>11-8-58</i>	26. REGISTRAR'S SIGNATURE <i>J. Cook</i>

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 *Richard F. McDonald*

Licensed Embalmer No. *4825*
P. O. Address *Warrensburg*

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.