

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039748

STATE FILE NUMBER

FILED DEC 15 1958 Registration District No. 151 Primary Registration District No. 3025 Registrar's No. 87

1. PLACE OF DEATH a. COUNTY HOWELL		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY HOWELL	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WEST PLAINS,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN POTTERSVILLE, <u>0460</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CHRISTA HOGAN		Length of stay in 1b DAYS	d. STREET ADDRESS (If outside, give location) DORA RTE.,
3. NAME OF DECEASED (Type or print) ELVIN JAMES CRONEY			4. DATE OF DEATH Month 11 Day 21 Year 58
5. SEX MM <u>0</u>	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 4-5-1947
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) STUDENT		10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (City and state or country) OZARK CO., MO., <u>0</u>
12. CITIZEN OF WHAT COUNTRY? U S A		13a. FATHER'S NAME ROBERT CRONEY	
13b. MOTHER'S MAIDEN NAME MERLENE HUDLOW		14. NAME OF HUSBAND OR WIFE X	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X		16. SOCIAL SECURITY NO. X	17. INFORMANT ROBT. CRONEY, POTTERSVILLE, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute peritonitis <i>Probable</i> DUE TO (b) Ruptured meckel's diverticulum DUE TO (c) Gastrointestinal hemorrhage 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 14 days 14 days 7562
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter signature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour Month, Day, Year 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 COUNTY STATE
21. I attended the deceased from 11/18/58 to 11/21/58 and last saw her alive on 11/21/58 Death occurred at 2:00 AM m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) M. L. Fowler M.D.	
22b. ADDRESS West Plains Mo		22c. DATE SIGNED 11/26/58	
23a. BURIAL, CREMATION, REMOVAL (Specify) B	23b. DATE 11-22-58	23c. NAME OF CEMETERY OR CREMATORY LEDBETTER	23d. LOCATION (City, town, or county) (State) CRIDER, MISSOURI
24. FUNERAL DIRECTOR ROBERTSONS, WEST PLAINS, MO		25. DATE RECD. BY LOCAL REG. 12-9-58	26. REGISTRAR'S SIGNATURE Beatrice Cook

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related. No symptoms will be listed.

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 

Licensed Embalmer No. 3437
P. O. Address West Hill

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.