

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-001916
STATE FILE NUMBER

FILED FEB 3 1959 Registration District No. 170 Primary Registration District No. Registrar's No. 14

300
-57

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon - RURAL		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Lebanon
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home Rt #3		Length of stay in 1b life	d. STREET ADDRESS (If outside, give location) Lebanon Rt #3
Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Oliver Middle E Last Cromer			4. DATE OF DEATH Month January Day 28 Year 1959		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 4, 1895	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Rail Road, Signal Dept	10b. KIND OF BUSINESS OR INDUSTRY Rail Road	11. BIRTHPLACE (City and state or country) Stoutland, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME David R. Cromer	13b. MOTHER'S MAIDEN NAME Sarah Ellen Reagan	14. NAME OF HUSBAND OR WIFE Ida Cromer
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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) Yes World War I	16. SOCIAL SECURITY NO. 499-03-2614	17. INFORMANT Mrs Lorraine Brown, Lebanon, Missouri	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Lymphatic Leukemia		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b)	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 2040		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE None	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 Lebanon	COUNTY Laclede	STATE Missouri
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21. I attended the deceased from Death occurred at 11/19/53 to 1/28/59 and last saw him alive on 1/28/59 6:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE W. E. Oster M.D.	22b. ADDRESS Lebanon, Mo	22c. DATE SIGNED 1/28/59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Feb 1 1959	23c. NAME OF CEMETERY OR CREMATORY Stoutland Cemetery	23d. LOCATION (City, town, or county) (State) Stoutland Missouri
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24. FUNERAL DIRECTOR Dorsey M. Howe Lebanon, Mo	ADDRESS Lebanon, Mo	25. DATE RECD. BY LOCAL REG. 1-30-1959	26. REGISTRAR'S SIGNATURE Walla L. Gray
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 24 1959

FEB 5 1959

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 *Dorsey M. Howe*

Licensed Embalmer No. *4222*
P. O. Address *Lebanon,*

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.