

IRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-023118
STATE FILE NUMBER

FILED VS JUL 5 1960

149

Primary Registration District No. 1002

Registrar's No. 3297

NDED

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in lb 32 years		c. CITY OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 619 West 38th		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First John Middle J. Last Cronin				4. DATE OF DEATH Month June Day 21, Year 1960									
5. SEX Male		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-26-1890		9. AGE (last birthday) 70		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Furnace Tender				10b. KIND OF BUSINESS OR INDUSTRY Owens-Corning Fiberglass Co.		11. BIRTHPLACE (City and state or country) Woodburn, Iowa			12. CITIZEN OF WHAT COUNTRY U.S.A.				
13a. FATHER'S NAME William Cronin				13b. MOTHER'S MAIDEN NAME Nellie James				14. NAME OF HUSBAND OR WIFE Widowed					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 510-05-1003		17. INFORMANT Bonner Springs, Kansas Mr. Mike Cronin (Son)							
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 cardiac decompensation with myocardial failure.										INTERVAL BETWEEN ONSET AND DEATH			
DUE TO (b) Terminal renal insufficiency and uremia.													
DUE TO (c) _____													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) with benign cystic hypertrophy Bilateral hydronephrosis										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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 _____ a.m. _____ p.m. _____		Month, Day, Year		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 3-8-60 to 6-21-60 and last saw her/him alive on 6-21-60 Death occurred at 3:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE <i>Gaylord P. Neigndor</i>		22b. ADDRESS 1420 So. 42nd St. Kansas City 6, Kansas		22c. DATE SIGNED 6/22/60					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 6-23-60		23c. NAME OF CEMETERY OR CREMATORY Ressurrection Cemetery		23d. LOCATION (City, town, or county) Lenexa Johnson Kansas							
24. FUNERAL DIRECTOR Simmons Funeral Home				ADDRESS K.C. Kansas		25. DATE RECD. BY LOCAL REG. 6-22-60		26. REGISTRAR'S SIGNATURE <i>Neve Marshall</i>					

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald N. Sumner

Licensed Embalmer No. 508

P. O. Address K.C. K

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to
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.