

**JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**-60-023683**

ENDED

Registration District No. 175 Primary Registration District No. 115 Registrar's No. 205619 STATE FILE NUMBER

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

<b>3. NAME OF DECEASED</b> (Type or print)			<b>4. DATE OF DEATH</b>	
First <b>Media</b>	Middle	Last <b>Cron</b>	Month <b>July</b>	Day <b>3</b>
			Year <b>1960</b>	
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>4/9/1881</b>	<b>9. AGE (last birthday)</b> <b>79</b>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>Stone County, Mo.</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b>

<b>13a. FATHER'S NAME</b> <b>Charley White</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Media Jane Pitts</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>John</b>
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT</b> <b>Ethel Scott</b> <b>Aurora, Mo.</b>

<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		<b>INTERVAL BETWEEN ONSET AND DEATH</b>
IMMEDIATE CAUSE (a) <b>Myocardial infarction</b>		<b>30 min.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b)		
DUE TO (c)		

<b>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH</b> but not related to the terminal disease condition given in PART I (a)		<b>PART III. If deceased was female was there a pregnancy in last 90 days.</b>
<b>General Water poisoning</b>		<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input checked="" type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)
<b>20c. TIME OF INJURY</b> Hour Month, Day, Year		
<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/>	<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>20f. CITY, TOWN, OR LOCATION</b> COUNTY STATE

**21. I attended the deceased from** 7/3/60 **to** 7/5/60 **and last saw her** 7/3/60 **alive on** 7/3/60  
**Death occurred at** 545 PM **on the date stated above, and to the best of my knowledge, from the causes stated.**

<b>22a. SIGNATURE</b> <i>[Signature]</i> (Degree or title)	<b>22b. ADDRESS</b> <b>Stone, Missouri</b>	<b>22c. DATE SIGNED</b> <b>7/5/60</b>
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>	<b>23b. DATE</b> <b>7/5/60</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Yocum Pond Cemetery</b>
<b>23d. LOCATION</b> (City, town, or county) <b>Reed Springs, Missouri</b>		(State)
<b>24. FUNERAL DIRECTOR</b> <b>Oscar L. Marsh</b> ADDRESS <b>Aurora, Mo.</b>	<b>25. DATE RECD. BY LOCAL REG.</b> <b>7-5-1960</b>	<b>26. REGISTRAR'S SIGNATURE</b> <i>[Signature]</i>

DOCUMENT  
MEDICAL CERTIFICATION  
BY AFFIDAVIT OF

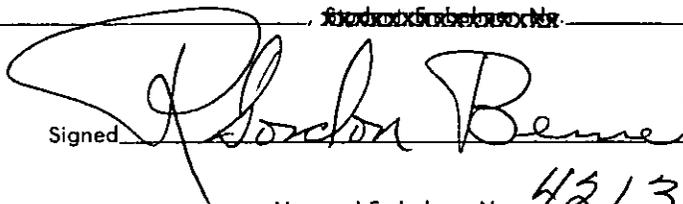
**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

~~xxxxxx~~ \_\_\_\_\_, ~~Student Embalmer~~ \_\_\_\_\_

~~xxxxxx~~ \_\_\_\_\_

~~Student~~ \_\_\_\_\_  
Signature of Student Embalmer

Signed  \_\_\_\_\_

Licensed Embalmer No. 4213

P. O. Address Monett

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