MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-033225
STATE FILE NUMBER

AMENDED

Registration District No. 146 Primary Registration District No. 4237 Registrar's No. 456

FILED SEP 19 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Raytown — Length of stay in 1b: 1½ yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 8316 Stark — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Raytown — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 8316 Stark — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: KATE Middle: Cunning Last: CRONKHITE

4. DATE OF DEATH: Month: Sept. Day: 9 Year: 1961

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11-17-1870
9. AGE (last birthday): 90
IF UNDER 1 YEAR: Months: Days: IF UNDER 24 HR: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Home
11. BIRTHPLACE (City and state or country): Pennsylvania
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Peterman
13b. MOTHER'S MAIDEN NAME: Donnelly
14. NAME OF HUSBAND OR WIFE: Charles M.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): - - - - - - -
16. SOCIAL SECURITY NO.:
17. INFORMANT: Address: Chas. W. Cronkhite--8316 Stark

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 2 days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Fracture of Left Humerus
DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Generalized Arteriosclerosis

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☒ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☒
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 9-6-61, to 9-9-61 and last saw her/him alive on 9-8-61
Death occurred at 11:45 AM. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Joseph E. Johnson M.D.
22b. ADDRESS: 5801 Kingsley Dr., K.C. 34, Mo.
22c. DATE SIGNED: 9/13/61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 9-12-61
23c. NAME OF CEMETERY OR CREMATORY: Green Lawn Cemetery
23d. LOCATION (City, town, or county) (State): Kansas City, Missouri

24. FUNERAL DIRECTOR ADDRESS: Mellody-McGilley-Eylar-1800 E. Linwood
25. DATE RECD. BY LOCAL REG.: 9-12-61
26. REGISTRAR'S SIGNATURE: Alba L. Craig

(Licensed Embalmer's Statement on Reverse Side)

Dr. Johns
5801 King
Hickman
Clinic
Mon. nite 7:00 to 10:

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_____ Signed Hal Thornberg
Signature of Student Embalmer

Licensed Embalmer No. 3408

P. O. Address Indep., Mo

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.