

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-045250

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 253

STATE FILE NUMBER

FILED DEC 21 1961

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Jasper		b. CITY (If outside corporate limits, give TOWNSHIP only) Carthage		a. STATE Missouri		b. COUNTY Jasper	
Length of stay in lb 7 years		c. CITY OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (IF NOT in hospital, give location) McCune-Brooks				d. STREET ADDRESS (If outside, give location) 819 Howard			
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First SARAH		Middle KATHRYN		Last CROMER		Month Day Year 12 12 1961	
5. SEX Female	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 3-12-1884	9. AGE (last birthday) 77	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 Housewife		11. BIRTHPLACE (City and state or country) Melrose, Kansas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME W. D. Jarrett			13b. MOTHER'S MAIDEN NAME Marette Cooper		14. NAME OF HUSBAND OR WIFE Albert Dee Cromer		
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. No		17. INFORMANT Address Mrs Belle Stutzman Carthage, Mo 819 Howard			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL HEMORRHAGE						INTERVAL BETWEEN ONSET AND DEATH 3 days.	
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)					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 Aug 2-1954 to 12-12-61 and last saw her alive on 12-12-61 Death occurred at 4:55 pm on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) Frank H. Primer MD			22b. ADDRESS Carthage, Mo			22c. DATE SIGNED 12-13-61	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-14-61		23c. NAME OF CEMETERY OR CREMATORY Sarcoxie Cemetery		23d. LOCATION (City, town, or county) (State) Sarcoxie Missouri	
24. FUNERAL DIRECTOR ADDRESS KNELL MORTUARY Carthage, Missouri			25. DATE RECD. BY LOCAL REG. 12-13-61		26. REGISTRAR'S SIGNATURE Ely Clenton		

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

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 Robert H Knell

Licensed Embalmer No. 4459

P. O. Address Carthage, 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.