

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020831

STATE FILE NUMBER 58

15

3004

Registration District No. Primary Registration District No.

Registrar's No.

FILED JUN 16 1958

300
-57

61

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

C

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lamar		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lamar <i>60610</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home		Length of stay in 1b 7 years	d. STREET ADDRESS (If outside, give location) 210 Walnut
3. NAME OF DECEASED (Type or print) First ELLEN Middle MALONE Last CRANOR			4. DATE OF DEATH Month June Day 13 Year 1958
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 23, 1905
9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. 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 Own Home	11. BIRTHPLACE (City and state or country) Princeton, Missouri <i>0</i>
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Dr. Frank R. Fullerton	
13b. MOTHER'S MAIDEN NAME Cora Malone		14. NAME OF HUSBAND OR WIFE Kenneth Cranor	
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. 496-07-6238	17. INFORMANT Mr. Kenneth Cranor Address Lamar, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary Edema Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteriosclerotic Fibrillation DUE TO (c) Myocardial Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (Not referred to the terminal disease condition given in PART I (a)) old history of Rheumatic Fever			INTERVAL BETWEEN ONSET AND DEATH sudden years years
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.) <i>J</i>	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> 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 9-8-52 to 6-13-58 and last saw him/her alive on 6-7-58 Death occurred at 1:40 am on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Robert M. Arnold M.D.</i>		22b. ADDRESS Lamar, Mo	22c. DATE SIGNED 6-13-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE June 14, 1958	23c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR Chiles funeral Home, Lamar, Mo.		25. DATE RECD. BY LOCAL REG. JUN 14 1958	26. REGISTRAR'S SIGNATURE <i>Marie Kovantz</i>

JUL 16 1958

MAR 16 1958

JUN 20 1958

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 *Charles H. Chiles*

Licensed Embalmer No. *3473*

P. O. Address *Lama, 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.