

FILED SEP 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30005

State File No. ....

|   |  |  |   |  |  |  |   |  |
|---|--|--|---|--|--|--|---|--|
| BIRTH NO. ....  |  | REG. DIST. NO. <u>137</u>  |   | PRIMARY REG. DIST. NO. <u>3023</u>   |  | Registrar's No. <u>211</u>   |   |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>HENRY</u>   |  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Mo</u> b. COUNTY <u>Henry</u> |  |  |   |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br><u>Clinton</u>  |  | c. LENGTH OF STAY (In this place)<br><u>19 mo</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Clinton</u>   |  | <u>Mo</u>  |   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>Welzel Hospital</u>   |  |  |   | d. STREET ADDRESS (If rural, give location)<br><u>2</u>  |  |  |   |  |
| 3. NAME OF DECEASED<br>(Type or Print)<br>a. (First) <u>Louise</u><br>b. (Middle) <u>Victoria</u><br>c. (Last) <u>Laney</u>   |  |  | 4. DATE OF DEATH<br>(Month) (Day) (Year)<br><u>Sept 13 1949</u> |  |  |  |   |  |
| 5. SEX<br><u>Female</u>   |  | 6. COLOR OR RACE<br><u>White</u>   |   | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Widowed</u>   |  | 8. DATE OF BIRTH<br><u>Aug 1 1857</u>                                    |   |  |
| 9. AGE (In years last birthday)<br><u>92</u>  |  | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>House work</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY  |  | 11. BIRTHPLACE (State or foreign country)<br><u>Illinois</u>             |   |  |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>USA</u>  |  | 13a. FATHER'S NAME<br><u>Larkin Haverkani</u>  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Don't Know</u>   |  | 14. NAME OF HUSBAND OR WIFE  |   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)<br><u>No</u>  |  | 16. SOCIAL SECURITY NO.<br><u>None</u>   |   | 17. INFORMANT'S SIGNATURE OR NAME<br><u>Mrs James Maynor Clinton</u>   |  |  |   |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.                       |  | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Lobe Pneumonia</u><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) <u>Senility</u><br>DUE TO (c)<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>490X</u> |  |
| 19a. DATE OF OPERATION  |  | 19b. MAJOR FINDINGS OF OPERATION   |   |  |  |  |   |  |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify)  |  | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)   |   | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)  |  | 20. AUTOPSY?<br>YES <input type="checkbox"/> NO <input type="checkbox"/> |   |  |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour)<br>m.   |  | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>   |   | 21f. HOW DID INJURY OCCUR?   |  |  |   |  |
| 22. I hereby certify that I attended the deceased from <u>1948</u> to <u>Sept 13, 1949</u> , that I last saw the deceased alive on <u>Sept 13, 1949</u> , and that death occurred at <u>9:30 p.m.</u> , from the causes and on the date stated above. |  |  |   |  |  |  |   |  |
| 23a. SIGNATURE<br><u>James Maynor Clinton</u>   |  |  |   | 23b. ADDRESS<br><u>Clinton Mo</u>  |  | 23c. DATE SIGNED<br><u>9-13-49</u>                                       |   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |  | 24b. DATE<br><u>9/16/49</u>  |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>Elmwood Cemetery Kansas City</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>Mo</u>               |   |  |
| DATE REC'D BY LOCAL REG.<br><u>Sept 15-49</u>   |  | REGISTRAR'S SIGNATURE<br><u>Florence Adair</u>   |   | 25. FUNERAL DIRECTOR'S SIGNATURE<br><u>J E Consalves</u>   |  | ADDRESS<br><u>Clinton Mo</u>   |   |  |

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 7,  
District File Number 8-49-1113  
Date Filed 9-19-49

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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 \_\_\_\_\_  
Student Embalmer

Signed

*J. E. Rossalini*

Licensed Embalmer No. 1891

P. O. Address Clinton, 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 this body is not embalmed, fact should be so stated above.