V.S. No. 300
Rev. 10.48

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

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30990

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 131

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe
c. LENGTH OF STAY (in this place): 15 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Arthaud at Batta

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri 7
b. COUNTY: Livingston
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe 59
d. STREET ADDRESS (If rural, give location): Arthaud at Batta 20

3. NAME OF DECEASED (Type or Print)
a. (First): Minnie
b. (Middle): May
c. (Last): Roney

4. DATE OF DEATH (Month) (Day) (Year): Sept. 14, 1949

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: July 8, 1880
9. AGE (In years last birthday): 69 — 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): At Home
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Gallatin, Missouri
12. CITIZEN OF WHAT COUNTRY?: US

13a. FATHER'S NAME: Joe Foxworthy
13b. MOTHER'S MAIDEN NAME: Mary Whitt
14. NAME OF HUSBAND OR WIFE: Jesse Roney

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.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Henry Roney; Chillicothe, Missouri

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ~~Carcinoma of pancreas~~ — INTERVAL BETWEEN ONSET AND DEATH: ~~5 or 6 mo~~

ANTECEDENT CAUSES — Carcinoma of pancreas — 5 or 6 mo

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — 157X

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 10, 1949 *to* Sept 14, 1949, *that I last saw the deceased alive on* Sept 14 1949 *and that death occurred at* 5:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): M. M. Russell M.D.
23b. ADDRESS: Chillicothe, Mo
23c. DATE SIGNED: 9/16/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 9-17-49
24c. NAME OF CEMETERY OR CREMATORY: Pleasant Ridge
24d. LOCATION (City, town, or county) (State): Livingston County, Mo.

DATE REC'D BY LOCAL REG.: Sept-16-49
REGISTRAR'S SIGNATURE: Frances B Neill 171
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Norman Funeral Home; Chillicothe, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
SEP 30 1949
DISTRICT
HEALTH OFFICE
CAMERON, MO.

RECEIVED
SEP 30 1949
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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 Elton Norman

Licensed Embalmer No. 4036

P. O. Address Chillicothe, 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.