

FILED MAY 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13846

BIRTH NO.		REG. DIST. NO. 218		PRIMARY REG. DIST. NO. 5789		Registrar's No. 26		
1. PLACE OF DEATH a. COUNTY <i>Mississippi</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Miss.</i>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Anniston</i>		c. LENGTH OF STAY (in this place) <i>41 yrs</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Anniston</i> <i>0670</i>				
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <i>0</i>				
3. NAME OF DECEASED (Type or Print)			a. (First) <i>JOHN</i>	b. (Middle) <i>WILL</i>	c. (Last) <i>DELANEY</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>March 25, 1950</i>		
5. SEX <i>Male</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>Nov. 26, 1867</i>		
9. AGE (In years last birthday) <i>82</i>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farming</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farmer</i>		9. AGE (In years last birthday) Months Days <i>82 3 29</i>		
11. BIRTHPLACE (State or foreign country) <i>Union Co., Kentucky</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		11. BIRTHPLACE (State or foreign country) <i>Union Co., Kentucky</i>				
13. FATHER'S NAME <i>George W. Delaney</i>		13b. MOTHER'S MAIDEN NAME <i>Ann Nunn</i>		14. NAME OF HUSBAND OR WIFE <i>Lillian L. Delaney</i>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <i>none</i>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Ollie Delaney Anniston, Mo.</i>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic Nephritis</i>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Uremia</i> DUE TO (c) <i>2nd + 3rd Degree Burns</i>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>PK</i>					INTERVAL BETWEEN ONSET AND DEATH <i>2 1/2</i>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>067</i>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>accident</i>		21b. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <i>home</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Anniston</i> <i>ADDITIONAL INFORMATION</i> <i>Mo.</i>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <i>2-6-1950 3:30 p.m.</i>		
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Burning grass pants caught fire</i>		22. I hereby certify that I attended the deceased from <i>6 Feb., 1950</i> , to <i>15 Mar., 1950</i> , that I last saw the deceased alive on <i>15 Mar., 1950</i> , and that death occurred at <i>8:45 a.m.</i> , from the causes and on the date stated above.				
23a. SIGNATURE <i>Wm. D. Demonscourt MD</i>		(Degree or title)		23b. ADDRESS <i>Charleston Mo.</i>		23c. DATE SIGNED <i>1 April 1950</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>March 26, 1950</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove</i>		24d. LOCATION (City, town, or county) (State) <i>Charleston Mo.</i>		
DATE REC'D BY LOCAL REG. <i>Apr 24/1950</i>		REGISTRAR'S SIGNATURE <i>Anna Harper Deputy</i>		GENERAL DIRECTOR'S SIGNATURE <i>Marva Shelby East Prairie</i>		ADDRESS		

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 1 REC'D

RECEIVED  
Miss. Co. Health Dept  
County File No. \_\_\_\_\_  
Date Recd. MAY 5 1950

**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 *Travis Shelby*

Licensed Embalmer No. *2726*

P. O. Address *East Prairie*

**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.