S. No. 300
v. 10.48

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

FILED DEC 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39845
Registrar's No. 1426

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 12 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph 0117
d. STREET ADDRESS (If rural, give location): 709 N. 24th Street 0

3. NAME OF DECEASED (Type or Print)
a. (First): Phoebe
b. (Middle): Olive
c. (Last): Delaney

4. DATE OF DEATH (Month) (Day) (Year): December 16, 1950

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed

8. DATE OF BIRTH: April 8, 1870.

9. AGE (In years last birthday): 80 — 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 (State or foreign country): Henry County, Iowa.

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: James Joy

13b. MOTHER'S MAIDEN NAME: Mary Jane Mosby

14. NAME OF HUSBAND OR WIFE: John F. Delaney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): *******

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: Miss. Cecil Crawford — ADDRESS: St. Joseph, Mo.

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) Congestive Heart Failure — INTERVAL BETWEEN ONSET AND DEATH: 1 mo

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Arteriosclerotic Heart Disease — 4 mo.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* 4200

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* 12-15, 19 50, *to* 12-16, 19 50, *that I last saw the deceased alive on* 12-15, 19 50, *and that death occurred at* 5:05P *m., from the causes and on the date stated above.*

23a. SIGNATURE Harold J. Brown (Degree or title) MD — **23b. ADDRESS** St. Joseph Mo — **23c. DATE SIGNED** 12-18-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal

24b. DATE: Dec. 18, 1950

24c. NAME OF CEMETERY OR CREMATORY: Graceland Cemetery

24d. LOCATION (City, town, or county) (State): Creston, Iowa.

DATE REC'D BY LOCAL REG.: Dec. 21, 1950

REGISTRAR'S SIGNATURE: Carl C. Casteel

25. FUNERAL DIRECTOR'S SIGNATURE: Walter Meierhoffer — **ADDRESS**: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

JAN 19 1951

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 ********* ***** ****** working under my personal supervision.

Student Embalmer No. *******

Signed Albert C. Harrington

Signed *** ****
Student Embalmer

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.