

FILED JUL 6 - 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19561**

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 4057 Registrar's No. 279

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Quinn		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holcomb 0350	
c. LENGTH OF STAY (in this place) none		d. STREET ADDRESS (If rural, give location) mile and 1/2 east	
d. FULL NAME OF HOSPITAL OR INSTITUTION Highway #53			
3. NAME OF DECEASED (Type or Print) a. (First) Everett		b. (Middle) Fleetwood	
		c. (Last) DeLaney	
		4. DATE OF DEATH (Month) June (Day) 25 , (Year) 1951	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 16, 1886
9. AGE (in years last birthday) 64		10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 1 MIN. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer and merchant		10b. KIND OF BUSINESS OR INDUSTRY Implement Dealer	
11. BIRTHPLACE (State or foreign country) Sardis Tennessee		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Ira Lofton DeLaney		13b. MOTHER'S MAIDEN NAME Laura Rebecca England	
		14. NAME OF HUSBAND OR WIFE Edna Bage DeLaney	
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 George DeLaney, Holcomb, Missouri	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Apoplexy	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension	
		DUE TO (c) unknown	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 331x	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Holcomb, Mo.	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Dunklin Mo			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 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 Jan , 1949, to June 25th , 1951, that I last saw the deceased alive on June 15th , 1951, and that death occurred at 2:30 P. M. from the causes and on the date stated above.			
23a. SIGNATURE J. B. Stemmet, M.D.		23b. ADDRESS Clarkston, Mo.	
		23c. DATE SIGNED 6/26/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 27, '51	
24c. NAME OF CEMETERY OR CREMATORY Oak Ridge Cemetery		24d. LOCATION (City, town, or county) (State) Kennett, Missouri	
DATE REC'D BY LOCAL REG. June 26 - 1951		REGISTRAR'S SIGNATURE Wm. H. Johnson	
		25. FUNERAL DIRECTOR'S SIGNATURE Paul Salmon, Kennett, Missouri	

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

120
3

RECEIVED

JUL 3 1951

BUTLER CO. HEALTH CENTER

FILE No. 951-298

AUG 22 1951

SEP 6 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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed [Signature].....

Licensed Embalmer No. 2556-.....

P. O. Address Kennett, 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.