

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29382**

FILED OCT 1 - 1951

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **144**

00434

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

1. PLACE OF DEATH a. COUNTY ANDRAN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) MEXICO		c. CITY (If outside corporate limits, write RURAL and give township) PARIS	
c. LENGTH OF STAY (In this place) 6 mo.		d. STREET ADDRESS (If rural, give location) 212 W. CALDWELL ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION ALLEN REST HOME			
3. NAME OF DECEASED (Type or Print) a. (First) BURA		b. (Middle) JOSEPHINE	
		c. (Last) DELANEY	
		4. DATE OF DEATH (Month) (Day) (Year) SEPT. 17, 1951	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH JAN. 22, 1864
9. AGE (In years last birthday) 87		10. KIND OF BUSINESS OR INDUSTRY OWN HOME	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		11. BIRTHPLACE (State or foreign country) MISSOURI	
10b. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME AMANDA E. BROWN	
		14. NAME OF HUSBAND OR WIFE EDWIN H. 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. ✓	
17. INFORMANT'S SIGNATURE OR NAME MRS. GERTRUDE HEATHMAN		ADDRESS PARIS, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Med. Condition INTERVAL BETWEEN ONSET AND DEATH 1 1/2 ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. AKIO - Bleeding DUE TO (b) AKIO - Bleeding DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4221	
19c. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
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)		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 Aug 26 1951 , to Sept 17 1951 that I last saw the deceased alive on Sept 17 1951 , and that death occurred at 6:15 P. M. , from the causes and on the date stated above.			
23a. SIGNATURE W. M. Heffner M.D.		23b. ADDRESS PARIS, Mo.	
23c. DATE SIGNED 9-18-51			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 9-19-51	
24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE		24d. LOCATION (City, town, or county) (State) PARIS Mo.	
DATE REC'D BY LOCAL REG. Sept 17 1951		REGISTRAR'S SIGNATURE Blanche Neely	
25. FUNERAL DIRECTOR'S SIGNATURE Speed & Blakey		ADDRESS PARIS, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

SEP 26 1951

OCT 1 1951

Date Received: **SEP 26 1951**
DISTRICT HEALTH OFFICE #2
District File Number **757-1707**
Date Filed: **SEP 26 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.....
Student Embalmer

Signed.....
E. H. Agnew

Licensed Embalmer No. **4000**

P. O. Address **Paris, 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.