

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38476

State File No.

FILED DEC 7 1951

BIRTH NO. _____ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 3056 Registrar's No. 275

1. PLACE OF DEATH a. COUNTY RANDOLPH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO. b. COUNTY MONROE	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOBERLY		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL-JACKSON TWP.	
c. LENGTH OF STAY (in this place) 10 DA		d. STREET ADDRESS (If rural, give location) R.F.D. # 2, PARIS 0690	
d. FULL NAME OF HOSPITAL OR INSTITUTION MCCORMICK HOSP.			

3. NAME OF DECEASED (Type or Print)	a. (First) HENRY	b. (Middle) L.	c. (Last) RONEY	4. DATE OF DEATH (Month) (Day) (Year) NOV. 22, 1951
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 28, 1870	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months 3 Days 24	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	10b. KIND OF BUSINESS OR INDUSTRY GEN. FARMING	11. BIRTHPLACE (State or foreign country) MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME ELI RONEY	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE JUDIE ANN RONEY
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or known) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. HENRY L. RONEY, PARIS, MO	ADDRESS PARIS, MO
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis		
	ANTECEDENT CAUSES DUE TO (b) cardiac failure DUE TO (c) Nephritis-chronic complications of age		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Dec 1st 1950**, to **Nov 22, 1951**, that I last saw the deceased alive on **Nov 21, 1951**, and that death occurred at **1:00 P.M.**, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) Dr. Nelson B. Christman D.O.	23b. ADDRESS PARIS, MO.	23c. DATE SIGNED 11-23-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 11-24-51	24c. NAME OF CEMETERY OR CREMATORY MT. ZION	24d. LOCATION (City, town, or county) (State) MONROE Co., MISSOURI
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DATE REC'D BY LOCAL REG. 11/24-51	REGISTRAR'S SIGNATURE Paul B. ...	25. FUNERAL DIRECTOR'S SIGNATURE Speed & Blakey	ADDRESS PARIS, MISSOURI
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Date Received: DEC 3 1951
DISTRICT HEALTH OFFICE #2
District File Number 12-51-2219
Date Filed: DEC 5 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.

Signed..... *E. H. Agnew*.....

Signed.....
Student Embalmer

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.