

S. No. 300
V. 10.48

FILED NOV 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40533

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4559 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wright</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Mountain Grove</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>mtn Grove, mo. 1148</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>West 1st St</u>		d. STREET ADDRESS (If rural, give location) <u>West 1st.</u>	
3. NAME OF DECEASED a. (First) <u>Frank</u> b. (Middle) <u>L.</u> c. (Last) <u>Paney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 9, 1951</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan 28-1884</u>	
9. AGE (in years last birthday) <u>67</u>		10. IF UNDER 1 YEAR Days <u>9</u> Hours <u>8</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Wright co, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Henry Paney</u>	
13b. MOTHER'S MAIDEN NAME <u>not known</u>		14. NAME OF HUSBAND OR WIFE <u>Maud Paney</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Everett Paney</u>		18. ADDRESS <u>mtn Grove, Mo</u>	
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) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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 _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<u>4201</u>	
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 <u>Nov 7</u> , 19 <u>51</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Frank Grable Acting Coroner</u> (Degree or title)		23b. ADDRESS <u>mtn Grove Mo</u>	
23c. DATE SIGNED <u>Nov 9, 1951</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Nov 11-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lone Star</u>	
24d. LOCATION (City, town, or county) (State) <u>mtn Grove, mo</u>		DATE REC'D BY LOCAL REG. <u>11-10-51</u>	
REGISTRAR'S SIGNATURE <u>A.B. Ames</u>		348	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Grable-Wendel</u>		ADDRESS <u>mtn Grove, Mo.</u>	

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

County File Number 11-51-112
Date Filed 11-17-51

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 Frank Grable

Licensed Embalmer No. 4140

P. O. Address City Grove, 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.

5-1-51