

STANDARD CERTIFICATE OF DEATH

SEP 15 1952
BIRTH NO. _____ REG. DIST. NO. 169 PRIMARY REG. DIST. NO. 5620 Registrar's No. 51

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1. PLACE OF DEATH a. COUNTY <u>KNOX</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>KNOX</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - 2 MI. N.E. OF EDINA</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - 2 MI. N.E. OF EDINA</u>	
c. LENGTH OF STAY (in this place) <u>LIFE</u>		d. STREET ADDRESS (If rural, give location) <u>0570</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JEWELL</u> b. (Middle) <u>ROSE</u> c. (Last) <u>(CAIN) DELANEY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 10 1952</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 26, 1906</u>	9. AGE (In years last birthday) <u>46</u>	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>KNOX COUNTY, MO. U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>W. B. CAIN</u>		13b. MOTHER'S MAIDEN NAME <u>MARGARET McCRONE</u>		14. NAME OF HUSBAND OR WIFE <u>ARTHUR DELANEY</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>Mr. Paul G. ...</u>	
				ADDRESS <u>EDINA MO.</u>	

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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E976X</u>			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>RURAL EDINA KNOX MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>SEPT. 10 1952</u>		21e. INJURY OCCURRED WHILE AT WORK? <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>SELF INFLICTED</u>	

22. I hereby certify that I attended the deceased from _____, 19____, 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>Robert L. Parrish, Sheriff</u>		(Degree or title)		23b. ADDRESS <u>Edina Mo.</u>	
23c. DATE SIGNED <u>9-11-52</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 12, 52</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>ST. JOSEPH'S NEW CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>EDINA MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul G. ...</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 12, 52</u>		REGISTRAR'S SIGNATURE <u>Helle S. Humalt</u>		ADDRESS	

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

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 Paul C. Kriegshauser

Licensed Embalmer No. 4085

P. O. Address Edina 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.