

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **2573**

FILED JAN 7 - 1953

BIRTH NO. _____ REG. DIST. NO. **278** PRIMARY REG. DIST. NO. **5953** Registrar's No. **1**

1. PLACE OF DEATH a. COUNTY Pike		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Pike	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN Rural--Buffalo		c. CITY (If outside corporate limits, write RURAL and give township) Rural--Buffalo	
c. LENGTH OF STAY (in this place) 20 years		d. STREET ADDRESS (If rural, give location) RFD Louisiana, Missouri	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) RFD Louisiana, Mo.			

3. NAME OF DECEASED (Type or Print) a. (First) JOHN b. (Middle) MILROY c. (Last) LONERGAN	4. DATE OF DEATH (Month) JAN. (Day) 1 (Year) 1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 10, 1882	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months 3 Days 21	IF UNDER 6 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dentist	10b. KIND OF BUSINESS OR INDUSTRY Retired Dentist	11. BIRTHPLACE (State or foreign country) Louisiana, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S.
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13a. FATHER'S NAME Albert C. Lonergan	13b. MOTHER'S MAIDEN NAME Jennie Milroy	14. NAME OF HUSBAND OR WIFE Lillian Lonergan
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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 Mrs. John Lonergan, RFD, Louisiana, Mo.	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH None
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral embolism		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Resected Carcinoma Stomach DUE TO (c) 		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 151X			

19a. DATE OF OPERATION 11-14-52	19b. MAJOR FINDINGS OF OPERATION Carcinoma Stomach - Resected	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) (Minute) None	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 **11-11, 1952** to **1-1, 1953**, that I last saw the deceased alive on **12-24, 1952**, and that death occurred at **11** A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) William J. M.D.	23b. ADDRESS Louisiana, Missouri	23c. DATE SIGNED 1-2-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/3/53	24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery	24d. LOCATION (City, town, or county) (State) Louisiana, Missouri
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DATE REC'D BY LOCAL REG. Jan 3, 1953	REGISTRAR'S SIGNATURE Bernice Collier	25. FUNERAL DIRECTOR'S SIGNATURE Sterne Funeral Home, Louisiana, Mo.	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

870
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0820

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 Virginia M. Steene

Licensed Embalmer No. 4645

P. O. Address Louisiana, 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.