

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15045**

FILED MAY 4 1953
BIRTH NO. _____ REG. DIST. NO. **227** PRIMARY REG. DIST. NO. **4337** Registrar's No. **19**

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

1. PLACE OF DEATH a. COUNTY MONROE		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 town) PARIS		c. LENGTH OF STAY (in this place) 3 1/2 YRS.	
c. CITY (If outside corporate limits, write RURAL and give township) PARIS		d. STREET ADDRESS (If rural, give location) 314 W. MONROE ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 314 W. MONROE ST.			
3. NAME OF DECEASED (Type or Print) a. (First) SAYDE b. (Middle) DAVIS c. (Last) DE LANEY		4. DATE OF DEATH (Month) (Day) (Year) APR. 29, 1953	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JAN 21, 1857
9. AGE (In years last birthday) 56		10. KIND OF BUSINESS OR INDUSTRY OWN HOME	11. BIRTHPLACE (City and State or Foreign Country) PARIS, MISSOURI
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME W.C. DAVIS		14. NAME OF HUSBAND OR WIFE CLAY F. DELANEY	
13b. MOTHER'S MAIDEN NAME NANCY E. SEIBERT			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO		16. SOCIAL SECURITY NO. ✓	
17. INFORMANT'S SIGNATURE OR NAME C.F. DELANEY, PARIS, Mo.		ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis 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 002X	
20. 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) (Min.)	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 10:39 to 4-29-1953 , that I last saw the deceased alive on 4-29-1953 , and that death occurred at 4:20 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE J. A. Barnett (Degree or title) M.D.		23b. ADDRESS PARIS Mo.	
23c. DATE SIGNED 4-30-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE MAY 1, 1953	24c. NAME OF CEMETERY OR CREMATORY WALNUT GROVE	24d. LOCATION (City, town, or county) (State) PARIS, Mo.
DATE REC'D BY LOCAL REG. 4-30-53	REGISTRAR'S SIGNATURE J. A. Barnett	435	25. FUNERAL DIRECTOR'S SIGNATURE Speed-Blakey ADDRESS PARIS, MISSOURI

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 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.