

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29125

State File No. _____

No. 300
10-48

ED SEP 8 - 1953

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 114

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

1. PLACE OF DEATH a. COUNTY <u>JOHNSON</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WARRENSBURG</u> c. LENGTH OF STAY (in this place) <u>2 MO.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ROSS NURSING HOME</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JOHNSON</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HOLDEN</u> d. STREET ADDRESS (If rural, give location) <u>NORTH PINE ST.</u>	
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3. NAME OF DECEASED (Type or Print) a. (First) <u>SOLOMAN</u> b. (Middle) <u>THORNTON</u> c. (Last) <u>DEALY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG 22, 1953</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>MAR. 15, 1871</u>	9. AGE (In years last birthday) <u>82</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 MIN. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>AGRICULTURE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>LEES SUMMIT, MO</u>	

13a. FATHER'S NAME <u>WILLIAM DEALY</u>	13b. MOTHER'S MAIDEN NAME <u>MARY ELIZ. ALLEY</u>	14. NAME OF HUSBAND OR WIFE <u>LILLIAN M. DEALY</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. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>NOAH DEALY, LEES SUMMIT, 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</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) _____		INTERVAL BETWEEN ONSET AND DEATH _____
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Gen. Arteriosclerosis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>4221</u>		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)	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 Jan 4, 1952, to Aug 22, 1953, that I last saw the deceased alive on _____, 19____, and that death occurred at 7:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Kelly Rawlins M.D.</u>		23b. ADDRESS <u>Holden Mo</u>	
23c. DATE SIGNED <u>8/23/53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>AUG 24, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ADAMS CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>JACKSON CO. MO.</u>
DATE REC'D BY LOCAL REG. <u>Aug 25, 1953</u>	REGISTRAR'S SIGNATURE <u>Savannah Rutchick</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>EB Cast Holden, Mo</u>	

RECEIVED
AUG 31 1953
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JOHNSON COUNTY HEALTH DEPT.

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



Licensed Embalmer No. 4059

P. O. Address Holden 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.