No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32459

FILED SEP 21 1953

BIRTH NO. _____ REG. DIST. NO. 227 PRIMARY REG. DIST. NO. 4335 Registrar's No. 39

0690

1. PLACE OF DEATH
a. COUNTY: MONROE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PARIS
c. LENGTH OF STAY (In this place): 61 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 314 W. MONROE ST.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: MONROE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): PARIS 0690
d. STREET ADDRESS (If rural, give location): 314 W. MONROE ST.

3. NAME OF DECEASED (Type or Print) a. (First): CLAY b. (Middle): FARRELL c. (Last): DELANEY

4. DATE OF DEATH (Month) (Day) (Year): SEPT. 13, 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED
8. DATE OF BIRTH: FEB. 8, 1892
9. AGE (In years last birthday): 61 — IF UNDER 1 YEAR: Months 7 Days 5 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): MERCHANT
10b. KIND OF BUSINESS OR INDUSTRY: RETAIL GROCERY & MEATS
11. BIRTHPLACE (State or foreign country): MONROE Co., MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME: ALONZO DELANEY
13b. MOTHER'S MAIDEN NAME: JOHNSON
14. NAME OF HUSBAND OR WIFE: SAYDE D. DELANEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES (If yes, give war or dates of service): W.W. I
16. SOCIAL SECURITY NO.: 486-38-5624
17. INFORMANT'S SIGNATURE OR NAME: RAY DELANEY ADDRESS: PARIS, MO.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 5 minutes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Prostatectomy — 4 wks.
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: 6/2 X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-4-, 1947, *to* 9-13-, 1953, *that I last saw the deceased alive on* 9-12-, 1953, *and that death occurred at* 7:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE: F. A. Barnett (Degree or title): M.D.
23b. ADDRESS: PARIS, MO.
23c. DATE SIGNED: 9-15-53

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 9-16-53
24c. NAME OF CEMETERY OR CREMATORY: WALNUT GROVE
24d. LOCATION (City, town, or county) (State): PARIS, MO.

DATE REC'D BY LOCAL REG.: 9-15-53
REGISTRAR'S SIGNATURE: F. A. Barnett M.D. 43 5-0
25. FUNERAL DIRECTOR'S SIGNATURE: Speed & Blakey ADDRESS: PARIS, MISSOURI

(Licensed Embalmer's Statement on Reverse Side)

OCT 16 1953

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.