No. 300
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FILED DEC 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40047

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6061 Registrar's No. 402

1. PLACE OF DEATH
a. COUNTY: Ripley
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Thomas twp.
c. LENGTH OF STAY (in this place): 10 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rt. 2 Naylor

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ripley 0910
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Thomas twp.
d. STREET ADDRESS (If rural, give location): Rt.2 Naylor

3. NAME OF DECEASED (Type or Print): a. (First) Ella b. (Middle) Cathrine c. (Last) Looney

4. DATE OF DEATH (Month) (Day) (Year): Nov. 8, 1953

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married

8. DATE OF BIRTH: June 8, 1893

9. AGE (In years last birthday): 60 — If under 1 year: Months 5, Days 0; If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (State or foreign country): Arkansas

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Lane

13b. MOTHER'S MAIDEN NAME: Margaret Martin

14. NAME OF HUSBAND OR WIFE: David C. Looney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service):

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME: David C. Looney — ADDRESS: Naylor, MO. Rt. 2

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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 Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 2 days

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Arteriosclerotic Heart Disease — Undetermined

DUE TO (c) Old Age

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: 4200

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* Nov. 8, *19*53, *to* Nov. 8, *19*53, *that I last saw the deceased alive on* Nov. 8, *19*53, *and that death occurred at* 12:40 p *m., from the causes and on the date stated above.*

23a. SIGNATURE: J. L. Smith, (Degree or title) D.O.

23b. ADDRESS: Box 328 Doelyville, Mo.

23c. DATE SIGNED: 11-9-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial

24b. DATE: Nov. 11, 1953

24c. NAME OF CEMETERY OR CREMATORY: Stubbelfield Cemetery

24d. LOCATION (City, town, or county) (State): Randolph County, Ark.

DATE REC'D BY LOCAL REG.: 11-20-53

REGISTRAR'S SIGNATURE: C. S. Johnston 277

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Black's Mortuary Corning, Ark.

(Licensed Embalmer's Statement on Reverse Side)

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 Gene A Parent

Licensed Embalmer No. 4809

P. O. Address Doniphan, M

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.