

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1425**
Registrar's No. **313**

FILED FEB 4 1954

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH
a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE **Missouri**
b. COUNTY **Jackson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Kansas City**

c. CITY OR TOWN **Kansas City**
d. Is Residence within limits of a city or incorporated town? Yes No

c. LENGTH OF STAY (in this place) **50 yrs.**
d. FULL NAME OF HOSPITAL OR INSTITUTION **Research Hospital**

STREET ADDRESS (If rural, give location) **1336 Bellefontaine**

3. NAME OF DECEASED (Type or Print)
a. (First) **Thomas**
b. (Middle) **A.**
c. (Last) **MALONEY**

4. DATE OF DEATH (Month) (Day) (Year)
Jan. 19, 1954

5. SEX **Male**
6. COLOR OR RACE **White**
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Widowed**

8. DATE OF BIRTH **9-19-1885**
9. AGE (in years) (less birth day) **68**
If UNDER 1 YEAR: Months _____ Days _____
If UNDER 24 HRS.: Hours _____ Mins. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Salesman**
10b. KIND OF BUSINESS OR INDUSTRY **Wholesale Grocery**
11. BIRTHPLACE (City and State or Foreign Country) **Marshall, Missouri**

12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Thomas J. Maloney**
13b. MOTHER'S MAIDEN NAME **Julia E. Mooney**
14. NAME OF HUSBAND OR WIFE **Buena V. Maloney**

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. _____
17. INFORMANT'S SIGNATURE OR NAME **MISS JOSEPHINE MALONEY** ADDRESS **HOME**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary atherosclerosis extending into lungs.**
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 **Arteriosclerosis of liver**
Conditions contributing to the death but not related to the disease or condition causing death. **no 3yr**

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION **1/13/54**
19b. MAJOR FINDINGS OF OPERATION **Same as above**
20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE (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 NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from **Apr 25**, 1950, to **Jan 19**, 1954, that I last saw the deceased alive on **Jan 18**, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE **Herbert S. Valentine** (Degree or title) **M.D.**
23b. ADDRESS **248 Professional Bldg.** DATE SIGNED **1/18/54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**
24b. DATE **1-21-54**
24c. NAME OF CEMETERY OR CREMATORY **St. Mary's**
24d. LOCATION (City, town, or county) (State) **Kansas City, Missouri**

DATE REC'D BY LOCAL REG. **1-20-54**
REGISTRAR'S SIGNATURE **Seraldine Smith**
25. FUNERAL DIRECTOR'S SIGNATURE **Melody-McGilley-Eylar** ADDRESS **Kansas City, Mo.**

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

~~Dr. Wakefield~~
~~Prq. By~~
~~W 8351~~

Dr. Valentine
Prq. By 1-3:30

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Arthur Eugene Haob*
.....

Licensed Embalmer No. 49

P. O. Address K.C.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.