

FILED NOV 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34633

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 330

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|--|--|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>MARION</u> | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>MONROE</u> | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HANNIBAL</u> | | c. LENGTH OF STAY (In this place) <u>2 MO.</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - JACKSON TWP</u> | | d. STREET ADDRESS (If rural, give location) <u>RFD#2 PARIS, MO 6401</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>208-S 8TH STREET</u> | | | 3. NAME OF DECEASED a. (First) <u>JUDE</u> b. (Middle) <u>ANN</u> c. (Last) <u>RONEY</u> | | |
| 5. SEX <u>FEMALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u> | 8. DATE OF BIRTH <u>FEB. 20 1868</u> | 9. AGE (In years: last birthday) <u>86</u> | 10. UNDER 1 YEAR Days <u>8</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>AT HOME</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>AT HOME</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>KY.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | 13a. FATHER'S NAME <u>DUDLEY JACKSON</u> | 13b. MOTHER'S MAIDEN NAME <u>MARY F. BRUCE</u> |
| 13c. NAME OF HUSBAND OR WIFE <u>HENRY L. RONEY</u> | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>NONE</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>MRS. SAM SCHWITZER</u> | 17. ADDRESS <u>PARIS</u> | 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Uremic Poisoning</u> |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Uremic Poisoning</u> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremic Poisoning</u> | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) during the underlying cause last. DUE TO (b) <u>Cardiovascular syndrome</u> <u>fractured Rt hip of several months</u> | DUE TO (c) _____ | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured Rt hip of several months</u> | INTERVAL BETWEEN ONSET AND DEATH |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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 <u>9/11, 1954</u> , to <u>Oct 29 1954</u> , that I last saw the deceased alive on <u>10-29, 1954</u> , and that death occurred at <u>10:16 P.M.</u> , from the causes and on the date stated above. | 23a. SIGNATURE (Degree or title) <u>Sam Buchanan D.O.</u> | 23b. ADDRESS <u>Hannibal, Mo.</u> |
| 23c. DATE SIGNED <u>10/30/54</u> | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>10-31-54</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>MT ZION</u> | 24d. LOCATION (City, town, or county) (State) <u>MONROE, CO. MO.</u> | 25. GENERAL DIRECTOR'S SIGNATURE <u>W. E. M. Lucke R. M. Crick</u> |
| DATE REC'D BY LOCAL REG. <u>11/1/54</u> | REGISTRAR'S SIGNATURE <u>W. E. M. Lucke R. M. Crick</u> | 25. GENERAL DIRECTOR'S SIGNATURE <u>W. E. M. Lucke R. M. Crick</u> | ADDRESS <u>PARIS, MISSOURI</u> | | |

(I signed Embelmer's Statement on Reverse Side)

RECEIVED NOV 9 1954
MARION CO. HEALTH DEPT.
DATE FILED NOV 9 1954

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. [Signature]

Licensed Embalmer No. 4000

P. O. Address PARIE, 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.