

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41746

State File No. _____

FILED DEC 28 1954

BIRTH NO. _____ REG. DIST. NO. 218 PRIMARY REG. DIST. NO. 4330 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Mississippi</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Mississippi</u>	
b. CITY (Outside corporate limits, write RURAL and give township) <u>East Prairie</u> c. LENGTH OF STAY (In this place) <u>17 yrs</u>		c. CITY OR TOWN <u>East Prairie</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>East Prairie J.O. Res.</u>		e. STREET ADDRESS (If rural, give location) <u>0671</u>	

3. NAME OF DECEASED (Type or Print) <u>LEWIS</u> a. (First)	<u>EDWARD</u> b. (Middle)	<u>LOONEY</u> c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 15, 1954</u>
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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>Dec. 12, 1892</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work including means of working life, even if retired) <u>Mechanics</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Tractor Imp.</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Mullersville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>John Henry Looney</u>	13b. MOTHER'S MAIDEN NAME <u>Nancy Myria Jones</u>	14. NAME OF HUSBAND OR WIFE <u>Ella May Looney</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>498-12-3499</u>	17. INFORMANT'S SIGNATURE AND ADDRESS <u>Ella May Looney - East Prairie, Mo.</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer Prostate</u>		INTERNAL BETWEEN ONSET AND DEATH <u>1 yr</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) _____		
	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 _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from Nov, 1953, to Dec 15, 1954, that I last saw the deceased alive on Dec 14, 1954, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>D.P. Martin, MD</u> (Degree or title)	23b. ADDRESS <u>East Prairie Mo.</u>	23c. DATE SIGNED <u>12-21-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-17-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Ann's</u>	24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau Mo.</u>
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DATE REC'D BY LOCAL REG. <u>12-23-54</u>	REGISTRAR'S SIGNATURE <u>Loretta L. Harper</u> 19 <u>72</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>David Shelby</u>	ADDRESS <u>East Prairie, Mo.</u>
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WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

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DEC 27 REC

RECEIVED

Miss. Co. Health

County File No. _____

Date Filed DEC 27

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.....
Signature of Student Embalmer

Signed *Travis Shelby*.....

Licensed Embalmer No. *275*.....

P. O. Address *East Prairie*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.