

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 9 1955

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

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3000</u>		Registrar's No. <u>32</u>		
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Knox</u>				
b. CITY (If outside corporate limits, write RURAL and give town) <u>Kirkville</u>		c. LENGTH OF STAY (In this place) <u>1 Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Baring, Mo.</u>		<u>0520</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>1 Mi. South</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Beverly</u> b. (Middle) <u>Kay</u> c. (Last) <u>Delaney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 31 1955</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>3-12-1949</u>		
9. AGE (In years last birthday) <u>5</u>		IF UNDER 1 YEAR (Months) <u>10</u> (Days) <u>19</u>		IF UNDER 24 HRS. (Hours) <u></u> (Min.) <u></u>				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kirkville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Maurice Delaney</u>			13b. MOTHER'S MAIDEN NAME <u>Verlee Dunn</u>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Maurice Delaney</u> ADDRESS <u>Baring, Mo.</u>				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inanition and Debilitation</u> ANTECEDENT CAUSES DUE TO (b) <u>Carcinomatosis</u> DUE TO (c) <u>Wilms tumor of right kidney</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Intestinal obstruction</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Sept 1954</u>	
19a. DATE OF OPERATION <u>Sept 1954</u>		19b. MAJOR FINDINGS OF OPERATION <u>Right nephrectomy</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.		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>12-31-54</u> , 19 <u>54</u> , to <u>1-31-55</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>1-21-55</u> , 19 <u>55</u> , and that death occurred at <u>6:22P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Paul Krieger</u> (Degree or title) <u>D.O.</u>			23b. ADDRESS <u>Kirkville, Mo.</u>			23c. DATE SIGNED <u>2-2-55</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-3-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Aloysius</u>		24d. LOCATION (City, town, or county) (State) <u>Baring, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>2-3-55</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. Krieger</u> ADDRESS <u>Edina Mo</u>				

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 Paul C. Krieghauser

Licensed Embalmer No. 4085

P. O. Address Edina Mo.

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.