

FILED APR 4 1955

STANDARD CERTIFICATE OF DEATH

State File No. 8984

BIRTH NO. _____		REG. DIST. NO. 251		PRIMARY REG. DIST. NO. 5853		Registrar's No. 115	
1. PLACE OF DEATH a. COUNTY <u>Nodaway 4</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Nodaway</u>			
b. CITY (If outside corporate limits, with RURAL DISTRICT, give name of township) OR TOWN <u>Maryville</u>				c. CITY OR TOWN <u>Maryville</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> 0740	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Pleasant View Rest Home</u>				e. STREET ADDRESS (If rural, give location) <u>2 miles West</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leo</u> b. (Middle) <u>John</u> c. (Last) <u>Roney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-25-1955</u>				
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>never married</u>		8. DATE OF BIRTH <u>5-25-1894</u>	
9. AGE (In years last birthday) <u>60</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Quitman - Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Peter F. Roney</u>			13b. MOTHER'S MAIDEN NAME <u>Agnes (unknown)</u>		14. NAME OF HUSBAND OR WIFE <u>none</u>		
15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, OR COAST GUARD? (Yes, no, or unknown) (If yes, give year of discharge) <u>Yes W.W.I.</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Oliver V. Roney - Maryville - 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-vascular disease</u> ANTECEDENT CAUSES DUE TO (b) <u>Essential hypertension</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cerebro-vascular accident 6 yrs</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2</u> <u>2</u>
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) <u>442X</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____		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>June, 1954</u> , to <u>March, 1955</u> , that I last saw the deceased alive on <u>Mar. 23, 1955</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>B. E. Lyland</u>			23b. ADDRESS <u>M. D. Maryville Mo</u>			23c. DATE SIGNED <u>3/29/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-28-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Mary Cam - Maryville - Mo -</u>		24d. LOCATION (City, town, or county) (State) _____	
DATE REC'D BY LOCAL REG. <u>4-2-55</u>		REGISTRAR'S SIGNATURE <u>Leo Holt</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>McCluhan Maryville Mo</u>			

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

8 1951
MPH

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 *G. M. Atchison*

Licensed Embalmer No. 227

P. O. Address *Maryville*

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.