

FILED AUG 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25243

State File No.

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY <u>Barton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar</u>		c. LENGTH OF STAY (In this place) <u>1 week</u>	d. CITY OR TOWN <u>Liberal</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Potts Nursing Home</u>		e. STREET ADDRESS (If rural, give location) <u>2060</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>	b. (Middle) <u>AUSTIN</u>	c. (Last) <u>LONEY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>August 15, 1955</u>
--	---------------------------	------------------------	---

5. SEX <u>M.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Sept. 22, 1872</u>	9. AGE (In years last birthday) <u>82</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>Miner</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Coal Mine</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Warsaw, Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
--	--	---	--

13a. FATHER'S NAME <u>Ed Loney</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Willa Stoltz.</u> ADDRESS <u>Lamar, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u> <u>Stroke</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. <u>Exposure to Heat</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2-4 days</u> <u>3-4 days</u>
---	--	--	--

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>334 X F</u>	20. AUTOPSY? YES <input 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 Aug 13, 1955, to Aug 15, 1955, that I last saw the deceased alive on Aug 15, 1955, and that death occurred at 2:15 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert M. Arnold</u> (Deputy or title)	23b. ADDRESS <u>Lamar, Missouri</u>	23c. DATE SIGNED <u>8-16-55</u>
--	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-19-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>LAKE</u>	24d. LOCATION (City, town, or county) (State) <u>LAMAR, MO.</u>
---	----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>AUG 17 1955</u>	REGISTRAR'S SIGNATURE <u>Marie Konanek</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Chiles Funeral Home,</u> ADDRESS <u>Lamar, Mo.</u>
---	--	--

(Licensed Embalmer's Statement on Reverse Side)

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

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 *James H. Child*.....

Licensed Embalmer No. *34*.....

P. O. Address *James H. Child*.....

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.