

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27563**

FILED SEP 6 1956

BIRTH NO. _____ REG. DIST. NO. **167** PRIMARY REG. DIST. NO. **5295** Registrar's No. **172**

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE California b. COUNTY Unknown	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Cream Ridge Twp.		c. LENGTH OF STAY (in this place) 2 mos.	c. CITY OR TOWN So. San Gabriel
d. FULL NAME OF HOSPITAL OR INSTITUTION 2 Mi S.E. of Farmersville Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) LENA b. (Middle) ELLA c. (Last) RONEY		4. DATE OF DEATH (Month) (Day) (Year) Aug 22 56	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 1-21-1885
9. AGE (In years last birthday) 71		IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and State or Foreign Country) Winterset Iowa
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Oscar Tanner	
13b. MOTHER'S MAIDEN NAME Susan Starkey		14. NAME OF HUSBAND OR WIFE Robt. Roney (Decd.)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Elmer Ward, Chula, Missouri
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage ANTECEDENT CAUSES DUE TO (b) Hypertension Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. (1) fracture - 3 wks old - rt. ankle (2) Obesity	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 33/XF	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) 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 3 Aug., 1956 , to 22 Aug., 1956 , that I last saw the deceased alive on 18 Aug., 1956 , and that death occurred at 7:30a m. , from the causes and on the date stated above.			
23a. SIGNATURE Charles M. Grace M.D. (Degree or title)		23b. ADDRESS Chillicothe, Mo.	23c. DATE SIGNED 23 Aug. 1956
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Aug. 24 '56	24c. NAME OF CEMETERY OR CREMATORY Alexander Pezcell Funeral Home	24d. LOCATION (City, town, or county) (State) East Los Angeles, California
DATE REC'D BY LOCAL REG. Aug 28/56	REGISTRAR'S SIGNATURE Francis B Neill	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS NORMAN FUNERAL HOME: Chillicothe, Mo	

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

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SEP 10 1956

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.....
Joseph M. Gibson
Licensed Embalmer No. 4769.....

P. O. Address..... Chillicothe,

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.