

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41940

FILED DEC 20 1956

State File No. \_\_\_\_\_

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 4246 Registrar's No. 175

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jasper</b>	
b. CITY OR TOWN <b>Carl Junction</b>	c. LENGTH OF STAY (in this place) <b>40 yrs</b>	c. CITY OR TOWN <b>Carl Junction</b>	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 <b>101 S. Main Street</b>		e. STREET ADDRESS (If rural, give location) <b>101 S. Main Street</b>	

0490

3. NAME OF DECEASED (Type or Print) a. (First) <b>ADDA</b> b. (Middle) <b>MAID</b> c. (Last) <b>RONEY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>12-1-1956</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>3-4-1865</b>	9. AGE (in years last birthday) <b>91</b>	10. UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>New Palestine, Indiana</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>John Irons</b>	13b. MOTHER'S MAIDEN NAME <b>Wm. T. Roney (Deceased)</b>	14. NAME OF HUSBAND OR WIFE <b>Wm. T. Roney (Deceased)</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME <b>C. W. Roney, Carl Junction, Mo.</b>	ADDRESS <b>Carl Junction, Mo.</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Starvation</b>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Esophageal obstruction</b> DUE TO (c) <b>Metastatic Carcinoma of Esophagus.</b>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Mammary Carcinoma, right.</b>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>170X</b>	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) (Minute)	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 June 6, 1956, to Dec 1, 1956, that I last saw the deceased alive on Dec 1, 1956, and that death occurred at 8:15 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>J. S. Stiles</b>	(Degree or Title)	23b. ADDRESS <b>Carl Junction, Mo.</b>	23c. DATE SIGNED <b>12/3/56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>12-4-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Carl Junction Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Carl Junction, Mo.</b>
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DATE REC'D BY LOCAL REG. <b>12-10-56</b>	REGISTRAR'S SIGNATURE <b>Mrs. Madeline Switzer</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Don Roney</b>	ADDRESS <b>Carl Junction, Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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Ohio Filed FEB 25 1937

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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 Harvey E. Amice

Licensed Embalmer No. 446  
P. O. Address W. H. City

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.