

FILED MAY 15 1957

STANDARD CERTIFICATE OF DEATH

14371

STATE FILE NUMBER

Registration District No. 314 Primary Registration District No. 4459 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <b>St. Clair</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>St. Clair</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Osceola</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Osceola</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Todd's Hospital</b>		Length of stay in 1b	d. STREET ADDRESS <b>0930</b> (If outside, give location)		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) <b>James</b> First <b>-</b> Middle <b>-</b> Last <b>Looney</b>			4. DATE OF DEATH <b>April 28, 1957</b> Month <b>April</b> Day <b>28</b> Year <b>1957</b>			
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>July 5, 1879</b>	9. AGE (In years (age at birthday)) <b>77</b>	
IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Laborer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Lime Kiln</b>	11. BIRTHPLACE (City and state or country) <b>Iconium Missouri</b>		
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>						
13. FATHER'S NAME <b>Alfred Looney</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>			
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>500-10-6931</b>	17. INFORMANT <b>Naman Looney, K.C. Missouri</b> Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Perforated Ulcer of the Stomach</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4-5 hours</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b)	
					DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a).					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
20c. TIME OF INJURY Hour <b>5:30</b> Month <b>5</b> Day <b>2</b> Year <b>1957</b> a. m. <b>p.</b> m.						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE		
21. I attended the deceased from <b>4-30-57</b> to <b>4-30-57</b> and last saw <sup>her</sup> <del>him</del> alive on <b>4-30-57</b> . Death occurred at <b>5:30 P</b> m on the date stated above; and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE <b>J.P. Mark J... M.D.</b> (Degree or title)		22b. ADDRESS <b>Osceola, Mo.</b>		22c. DATE SIGNED <b>5-1-57</b>		
23a. BURIAL, CREMATION, REMOVAL <b>Buried</b>	23b. DATE <b>5-2-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Kate Warren</b>	23d. LOCATION (City, town, or county) (State) <b>Osceola Missouri</b>			
24. FUNERAL DIRECTOR <b>Emmel Home, Osceola, Mo</b> ADDRESS		25. DATE RECD. BY LOCAL REG. <b>5-1-57</b>	26. REGISTRAR'S SIGNATURE <b>Paul H. Seaver</b>			

**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 *Paul J. [Signature]*.....

Licensed Embalmer No. *399*

P. O. Address *[Signature]*.....

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.