

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022058

STATE FILE NUMBER

2832

FILED JUL 11 1958

Registration District No. 149

Primary Registration District No. 1002

Registrar's No.

300
1-57

No.

3

All diseases in Part I must be causally related.

Thomas E. Draney USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

| | | | |
|--|-------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp. | | Length of stay in lb Life | d. STREET ADDRESS 5548 Harrison (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First MARY Middle ROSE Last ROONEY | | | 4. DATE OF DEATH Month 6 Day 3 Year 58 |
| 5. SEX Fe | 6. COLOR OR RACE Wh | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH 5-31-58 |
| 9. AGE (In years last birthday) 76 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) xx | 11. BIRTHPLACE (City and state or country) Kansas City, Mo. |
| 12. CITIZEN OF WHAT COUNTRY? USA | | 13. FATHER'S NAME Wm. Donald Rooney | |
| 14. MOTHER'S MAIDEN NAME Marie Joan Schmid | | 15. NAME OF HUSBAND OR WIFE xx | |
| 16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) xx | | 17. SOCIAL SECURITY NO. xx | 18. INFORMANT Wm. D. Rooney, 5548 Harrison, K.C. Mo. Address |
| 19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anoxia DUE TO (b) Cerebral Hemorrhage DUE TO (c) Anemia PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH 2 days 2 days 2 days |
| 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 _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____ | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE 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 1 June 58 to 2 June 58 and last saw her alive on 2 June 58 Death occurred at 8:00 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE Thomas E. Draney M.D. (Degree or title) | | 22b. ADDRESS 4526 Paseo | 22c. DATE SIGNED 3 June 58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL | 23b. DATE 6-4-58 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet | 23d. LOCATION (City, town, or county) (State) Kansas City, Mo. |
| 24. FUNERAL DIRECTOR Wagner Funeral Home, K.C. Mo | | 25. DATE RECD. BY LOCAL REG. 6-4-58 | 26. REGISTRAR'S SIGNATURE Neve Minshall |

99-1-215-3



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 *Thomas A. Kahler*

Licensed Embalmer No. *4993*
P. O. Address *R.O., Mo.*

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.