t. Health,
, & Welfare
S. Public
th Service

S. 300
v. 1-57

FILED SEP 29 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-033712
STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 371

1. PLACE OF DEATH
a. COUNTY Pettis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia — Inside Limits Yes ☑ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Bothwell Hosp. - Lip — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Pettis
c. CITY OR TOWN Sedalia — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS 721 W. 4th (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First Irene Middle Ann Last Cooney

4. DATE OF DEATH Month Sept. Day 24 Year 1958

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☑ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Oct. 29, 1927
9. AGE (In years last birthday) 30 — 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) Home
10b. KIND OF BUSINESS OR INDUSTRY Home
11. BIRTHPLACE (City and state or country) Sedalia Mo
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas A. Hurley
13b. MOTHER'S MAIDEN NAME Irene Riley
14. NAME OF HUSBAND OR ~~WIFE~~ Jas. Cooney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) No (If yes, give war or dates of service) No
16. SOCIAL SECURITY NO. ~~489-30-8472~~ None
17. INFORMANT Jas. Cooney Address Sedalia Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Edema — INTERVAL BETWEEN ONSET AND DEATH 2 wks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Carcinomatosis — 4 months
DUE TO (c) unclassified Carcinoma - Lt Breast — 16 months
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 170X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 June 1957, to Sept 27, 1958 and last saw her alive on Sept 27, 1958
Death occurred at 11:30 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Thomas J. Hopkins (Degree or title) M.D.
22b. ADDRESS Sedalia Mo
22c. DATE SIGNED 9/25/58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Sept 26, 1958
23c. NAME OF CEMETERY OR ~~CREMATORY~~ Calvary
23d. LOCATION (City, town, or county) Sedalia (State) Mo

24. FUNERAL DIRECTOR McLaughlin Bros — ADDRESS Sedalia
25. DATE RECD. BY LOCAL REG. 9-26-1958
26. REGISTRAR'S SIGNATURE Frances Shelby

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

APR 4 1961

MAY 20 1959

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 K P McCrary

Licensed Embalmer No. 3133

P. O. Address Sedalia 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.