

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-000262  
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 9

FILED JAN 12 1959

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Andrew</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>SAVANNAH</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Sisters Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>108 N 6th St</u>	

3. NAME OF DECEASED (Type or print) First <u>William Ernest</u> Middle <u>Cloonan</u> Last <u>Cloonan</u>			4. DATE OF DEATH Month <u>1</u> Day <u>4</u> Year <u>1959</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>aug 12 - 1896</u>		9. AGE (In years) <u>62</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Investment Representative</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Andrew Co</u>	11. BIRTHPLACE (City and state or country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>James Cloonan</u>		13b. MOTHER'S MAIDEN NAME <u>Sadie Breit</u>		14. NAME OF HUSBAND OR WIFE <u>Edna Cloonan</u>

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW I</u>	16. SOCIAL SECURITY NO. <u>491-09-2762</u>	17. INFORMANT <u>Mrs. Edna Cloonan Savannah Mo</u>	Address <u>4201</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 Hr</u>
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)		

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 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 <u>Savannah Mo</u>	COUNTY _____ STATE _____
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Warren C. Baker, M.D.</u> (Degree or title)	22b. ADDRESS <u>Savannah Mo</u>	22c. DATE SIGNED <u>1-4-59</u>	

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>1-4-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SAVANNAH</u>	23d. LOCATION (City, town, or county) (State) <u>SAVANNAH MO</u>
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24. FUNERAL DIRECTOR <u>Breit Funeral Home Savannah Mo</u>	ADDRESS <u>Savannah Mo</u>	25. DATE RECD. BY LOCAL REG. <u>Jan 5, 1959</u>	26. REGISTRAR'S SIGNATURE <u>Martha Clark Woodell</u>
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(Licensed Embalmer's Signature on Reverse Side)

All diseases in Part I must be causally related.  
 Dr. Warren C. Baker  
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57

JAN 13 1959

FEB 18 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 *James B. Hawkins* .....

Licensed Embalmer No. *4536* .....  
P. O. Address *Savannah, Ga.* .....

**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.**