Health, & Welfare Public Service

. 300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004304
STATE FILE NUMBER

FILED JAN 26 1959

Registration District No. 373 Primary Registration District No. 6270 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY: WEBSTER	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE: MO b. COUNTY: WEBSTER
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): UNION — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN: NIANGUA RI — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) — Length of stay in 1b	d. STREET ADDRESS (If outside, give location): 10 Mi EAST — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: MARTHA	Middle: LINN	Last: MARONEY	4. DATE OF DEATH Month: JAN	Day: 14	Year: 1959
5. SEX: FEMALE	6. COLOR OR RACE: WHITE	7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH: DEC 27 1890	9. AGE (In years last birthday): 68	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): MAID	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country): MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME: LEE MARONEY	13b. MOTHER'S MAIDEN NAME: SUSAN CAFFEY	14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT: BURAN MARONEY	Address: NIANGUA RI		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) CIRCULATORY FAILURE + TOXEMIA

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) CARDIO-RENAL SYNDROME

DUE TO (c) DIABETES MELLITUS + ARTERIOSCLEROSIS

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 260X

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 12-5-58, to 1-14-59 and last saw her/him alive on 1-14-59

Death occurred at 1030 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible], MD (Degree or title)	22b. ADDRESS: Marshfield, Mo.	22c. DATE SIGNED: 1/16/59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL	23b. DATE: 1-17-1959	23c. NAME OF CEMETERY OR CREMATORY: EUREKA	23d. LOCATION (City, town, or county): WEBSTER CO	(State): MO
24. FUNERAL DIRECTOR: BARBER-EDWARDS	ADDRESS: MARSHFIELD	25. DATE RECD. BY LOCAL REG.: JAN 20 1959	26. REGISTRAR'S SIGNATURE: [illegible]	

(Licensed Embalmer's Statement on Reverse Side)

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 George Stapp

Licensed Embalmer No. 5161

P. O. Address Mt. Grove, 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.