

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017822

STATE FILE NUMBER

FILED JUN 9 1959

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2485

300
1-57 0

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) TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Gen. Hospital		Length of stay in lb 33 YRS	d. STREET ADDRESS (If outside, give location) 512 Woodland 703 Cleveland		Residence Farm No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Irvin Middle Loney Last Loney			4. DATE OF DEATH Month 5 Day 17 Year 59		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 2 3 1880	9. AGE (In years last birthday) 79 YRS. IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS.: Hours _____ Min. _____	
10a. MALE OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED NIGHT WATCHMAN		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) CHULA, MO.		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME WILLIAM LONEY		13b. MOTHER'S MAIDEN NAME ELIZABETH WARE		14. NAME OF HUSBAND OR WIFE MRS. AZZIE M. LONEY	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 487 05 643 8	17. INFORMANT MRS. AZZIE M. LONEY Address 703 CLEVELAND AVE. MO		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. } 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.) 491X			
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 5-15-59 to 5-17-59 and last saw ^{him} alive on 5-17-59 Death occurred at 11:05 A.M. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>Abraham Gelpert</i> (Degree or title) 0			22b. ADDRESS General Hospital		22c. DATE SIGNED 5-19-59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 20 1959	23c. NAME OF CEMETERY OR CREMATORY floral hills, CEM		23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.	
24. FUNERAL DIRECTOR <i>DW Newcome's Sons</i>		ADDRESS Mo.	25. DATE RECD. BY LOCAL REG. 5-19-59	26. REGISTRAR'S SIGNATURE <i>Arno Marshall</i>	

All diseases in Part I must be causally related.

Abraham Gelpert, M.D. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

A C

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 *Chester N Brown*

Licensed Embalmer No. *4931*.....
P. O. Address *KE MD*.....

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.