THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-021505

STATE FILE NUMBER

FILED JUN 24 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2820

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes X No
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital — Length of stay in 1b 14 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes X No
d. STREET ADDRESS (If outside, give location) 6907 Elwyn Rd — Reside on Farm Yes No X

3. NAME OF DECEASED (Type or print): First SHERMAN Middle EDWARD Last LOONEY

4. DATE OF DEATH Month June Day 7 Year 1959

5. SEX Male
6. COLOR OR RACE White
7. MARRIED X NEVER MARRIED WIDOWED DIVORCED
8. DATE OF BIRTH September 25 1921
9. AGE (In years last birthday) 37 — 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) Carpenter
10b. KIND OF BUSINESS OR INDUSTRY Self
11. BIRTHPLACE (City and state or country) Plad Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Rufus Looney
13b. MOTHER'S MAIDEN NAME Etta Tennison
14. NAME OF HUSBAND OR WIFE Dora M Looney

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) W W 2
16. SOCIAL SECURITY NO. 493-16-3755
17. INFORMANT Mrs Dora Looney 6907 Elwyn Rd K C Mo Address

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) Bullet Wound Head
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c) 9195

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 43

19. WAS AUTOPSY PERFORMED? YES NO X

20a. ACCIDENT 2 SUICIDE HOMICIDE
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Apparently accidental
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year 6-7-59
20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK X
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway
20f. CITY, TOWN, OR LOCATION — COUNTY Cass STATE Mo

21. I attended the deceased from ____, to ____ and last saw her/him alive on ____
Death occurred at ____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Hugh H. Owens (Degree or title) Coroner
22b. ADDRESS 1034 Realto Bldg
22c. DATE SIGNED 6-9-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal
23b. DATE 6/10/59
23c. NAME OF CEMETERY OR CREMATORY Bowe's Chapel Cemetery
23d. LOCATION (City, town, or county) (State) Urbana Missouri

24. FUNERAL DIRECTOR Sheil Funeral Home ADDRESS Kansas City Mo
25. DATE RECD. BY LOCAL REG. 6-9-59
26. REGISTRAR'S SIGNATURE Neva Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Hugh H. Owens

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalme

by me, or by ....., Student Embalmer No. .....

working under my personal supervision.

Student .....
Signature of Student Embalmer

Signed Harold D. Reich

Licensed Embalmer No. 4998

P. O. Address Kansas Ci

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failu 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.