

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037014

FILED VS NOV 2 1959 26/

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 245

RECEIVED

1. PLACE OF DEATH a. COUNTY Nodaway				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Nodaway				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		Length of stay in 1b 60 yrs		c. CITY OR TOWN Maryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 416 W Thompson		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Oliver Middle V Last Roney				4. DATE OF DEATH Month Oct Day 22 Year 1959				
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 8-29-1899	9. AGE (last birthday) 60	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer			10b. KIND OF BUSINESS OR INDUSTRY farming		11. BIRTHPLACE (City and state or country) Quitman, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Peter F Roney			13b. MOTHER'S MAIDEN NAME Agnes Scanlon			14. NAME OF HUSBAND OR WIFE Mary Heitman		
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. 491-24-7194		17. INFORMANT Address Mrs Mary Heitman, Maryville, 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) Coronary occlusion DUE TO (b) Coronary occlusion DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 5 min ?	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
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.)				
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			20d. INJURY OCCURRED WHILE AT WORK <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 COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ 9p m. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE B. F. Boyd M.D. (Degree or title)				22b. ADDRESS Maryville Mo			22c. DATE SIGNED 10/26/59 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 10/26/1959	23c. NAME OF CEMETERY OR CREMATORY St. Patricks		23d. LOCATION (City, town, or county) Maryville, Mo			
24. GENERAL DIRECTION Maryville Mo ADDRESS 18-26 59				25. DATE RECD. BY LOCAL REG. 10-26-59		26. REGISTRAR'S SIGNATURE Pers Holt		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 G. M. Alchison

Licensed Embalmer No. 2279

P. O. Address Mayor

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.