URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS DEC 9 1959

59–040508
STATE FILE NUMBER

IENDED

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 537

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Independence
Length of stay in 1b 4½ Months
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Four Pines Rest Home
Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Raytown
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 6417 Hadley (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: Cora Middle: none Last: DeHoney
4. DATE OF DEATH Month: November Day: 22 Year: 1959
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Sept. 25, 1871
9. AGE (last birthday): 88
IF UNDER 1 YEAR: Months 1 Days 27
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: XXXXXXXXXXX
11. BIRTHPLACE (City and state or country): Jackson Co. Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Leander Macy DeHoney
13b. MOTHER'S MAIDEN NAME: Sarah Chisholm
14. NAME OF HUSBAND OR WIFE: XXXXXXXXXXXXXX
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): XXXXXXXXXXX
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Miss Ethel Dehoney Address: Raytown, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Bronchial pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c) Carcinomatosis secondary to Primary stomach — 1 year
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. ☐ Yes ☐ No ☐ Unknown

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 30 March 59, to 22 Nov 59 and last saw her/him alive on 20 Nov 59
Death occurred at 5:30 m on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE Jack M Davis MD (Degree or title)
22b. ADDRESS Raytown Mo
22c. DATE SIGNED 22 Nov 59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Nov. 24, 1959
23c. NAME OF CEMETERY OR CREMATORY: Brooking Cemetery
23d. LOCATION (City, town, or county) (State): Raytown, Missouri
24. FUNERAL DIRECTOR ADDRESS: Fegert Funeral Home, Raytown, Mo.
25. DATE RECD. BY LOCAL REG.: 11-24-59
26. REGISTRAR'S SIGNATURE: [signature]

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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: E. Clark Fegert
E. Clark Fegert

Licensed Embalmer No. 3983

P. O. Address Raytown, Mo.

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