

pt. Health,
c., & Welfare
S. Public Health Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

=60-046698
STATE FILE NUMBER

FILED VS JAN 13 1961

Registration District No. 13 Primary Registration District No. 3003 Registrar's No. 8

V. S. 300
ev. 1-57

551

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Mo. b. COUNTY Lawrence)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Monett		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Pierce City Mo.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1300 N. Central		Length of stay in lb 2 years	d. STREET ADDRESS (If outside, give location) 3 mile south P. C.
3. NAME OF DECEASED (Type or print) First Cora Middle Marie Last Looney		4. DATE OF DEATH Month 12 Day 30 Year 1960	
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> 2 WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 7-21-1873
9. AGE (In years last birthday) 87		IF UNDER 1 YEAR Months 5 Days 9	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Malwaukee Wis.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Herman J. Rohn	
13b. MOTHER'S MAIDEN NAME Marie J. Liston		14. NAME OF HUSBAND OR WIFE Elbert M. Looney	
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. None	17. INFORMANT Address Mrs. W.O.R. Smerdon Pierce City 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) Cerebral thrombosis			INTERVAL BETWEEN ONSET AND DEATH Just
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 332X			
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"/> 2
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 Month, Day, Year a.m. p.m. 			
20d. INJURY OCCURRED WHILE AT <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 6-7-58 to 12-30-60 and last saw her alive on 12-26-60 Death occurred at 7:30 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Frank W. Beer M.D.		22b. ADDRESS Monett Mo	22c. DATE SIGNED 1/3/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1-1-1961	23c. NAME OF CEMETERY OR CREMATORY City Cemetery	23d. LOCATION (City, town, or county) (State) Pierce City Mo.
24. FUNERAL DIRECTOR Wilks Bros. Pierce City Mo.		25. DATE RECD. BY LOCAL REG. 1-4-61	26. REGISTRAR'S SIGNATURE Mrs. J. M. Cook

Rec. 1-10-60

MS JAN 16 1961 SA

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 *Edwin Wilks*

Licensed Embalmer No. *4131*
P. O. Address *Pierce City 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.