

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5219

FILED FEB 27 1950

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Centerview Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Centerview Township</u>	
c. LENGTH OF STAY (In this place) <u>55 yrs.</u>		d. STREET ADDRESS (If rural, give location) <u>R. R. Centerview</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R. R. Centerview</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Robert</u>	b. (Middle) <u>Otis</u>	c. (Last) <u>Delaney</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 11 1950</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 17, 1895</u>	9. AGE (In years last birthday) <u>55</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Centerview, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>A.</u>
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13a. FATHER'S NAME <u>James B. Delaney</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Eppright</u>	14. NAME OF HUSBAND OR WIFE <u>Annie Lee Delaney</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World War</u>	16. SOCIAL SECURITY NO. <u>492-18-7506</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Annie Lee Delaney, Centerview, Mo.</u>	ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1yr</u> <u>2 yrs</u> <u>7500</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis & Hypertension</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hydronephrosis</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 1, 1949, to 2/11, 1950, that I last saw the deceased alive on 2-11, 1950, and that death occurred at 4:00 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R. Lee Cooper, D.O.</u>	23b. ADDRESS <u>Warrensburg, Missouri</u>	23c. DATE SIGNED <u>2/13/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 13, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Centerview Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Centerview, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 13, 1950</u>	REGISTRAR'S SIGNATURE <u>Saranush Antelope</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sweeney-Phillips</u>	ADDRESS <u>Warrensburg, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3510

MAR 1 1950
MAR 27 1950

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.

Signed.....
Student Embalmer

Signed J. Earl Priest
Licensed Embalmer No. 3878

P. O. Address Warrensburg, 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 this body is not embalmed, fact should be so stated above.