

No. 300  
10.48

FILED OCT 16 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

33086

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO: 99 PRIMARY REG. DIST. NO: 3372 Registrar's No. 49

1. PLACE OF DEATH  
a. COUNTY De Kalb  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Adams  
c. LENGTH OF STAY (in this place)  
d. FULL NAME OF HOSPITAL OR INSTITUTION 7 mi. N. Cameron

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)  
a. STATE Mo b. COUNTY De Kalb  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Adams  
d. STREET ADDRESS (If rural, give location) 7 mi N - Cameron

3. NAME OF DECEASED  
a. (First) Eugene b. (Middle) Lawrence c. (Last) Rooney

4. DATE OF DEATH (Month) (Day) (Year)  
9 23 - 51

5. SEX M

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)  
Married

8. DATE OF BIRTH  
May 27 - 1888

9. AGE (In years last birthday) 63 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)  
Farmer

10b. KIND OF BUSINESS OR INDUSTRY  
Farming

11. BIRTHPLACE (State or foreign country)  
Davis Co Mo

12. CITIZEN OF WHAT COUNTRY?  
USA

13a. FATHER'S NAME  
John J. Rooney

13b. MOTHER'S MAIDEN NAME  
Margaret Lavin

14. NAME OF HUSBAND OR WIFE  
Kizzie Rooney

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.  
No

17. INFORMANT'S SIGNATURE OR NAME ADDRESS  
Mrs Kizzie Rooney Cameron

18. CAUSE OF DEATH  
Enter only one cause per line for (a), (b), and (c)  
  
\*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) Coronary Thrombosis  
ANTECEDENT CAUSES  
Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last:  
DUE TO (b) \_\_\_\_\_  
DUE TO (c) \_\_\_\_\_  
II. OTHER SIGNIFICANT CONDITIONS  
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH  
16 days

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION  
4201

20. AUTOPSY?  
YES  NO

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)  
4201

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT  WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 9-7, 1951, to 9-23, 1951, that I last saw the deceased alive on 9-21, 1951, and that death occurred at 8:50 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)  
J. P. Keener M.D.

23b. ADDRESS  
Cameron Mo

23c. DATE SIGNED  
9-24-51

24a. BURIAL, CREMATION, REMOVAL (Specify)

24b. DATE  
9-26-51

24c. NAME OF CEMETERY OR CREMATORY  
Catholic

24d. LOCATION (City, town, or county) (State)  
Cameron Mo

DATE REC'D BY LOCAL REG.

REGISTRAR'S SIGNATURE  
82

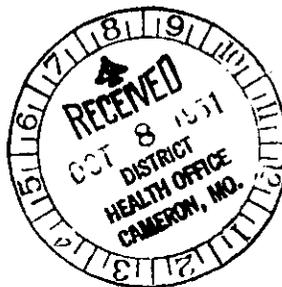
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS  
Poland Funeral Home Cameron

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

3370  
1

207 1057



**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 .....  
Student Embalmer

Signed Robert J. Paland

Licensed Embalmer No. 4777

P. O. Address Cameron Md

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.