

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

28009  
3545

State File No. ....

FILED AUG 15 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. ....

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> <u>3618</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b> <u>0</u>		c. LENGTH OF STAY (In this place) <b>30 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Trinity Luthern Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>3932 Chestnut</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b>		b. (Middle) <b>A.</b>	c. (Last) <b>DeLaney</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>8 7 52</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>1885</b> <b>10-2-1886</b>	9. AGE (In years last birthday) <b>66</b>	IF UNDER 1 YEAR Months
IF UNDER 1 YEAR Days	IF UNDER 1 HR. Hours	IF UNDER 1 HR. Mins.	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Live Stock Dealer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>K. Ck. Stock Yards</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>Danithan, Neb.</b>			12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>John DeLaney</b>		13b. MOTHER'S MAIDEN NAME <b>Hannah Johnson</b>		14. NAME OF HUSBAND OR WIFE <b>Florence I. DeLaney</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>493-32-3258</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. F. I. DeLaney 3932 Chestnut KCMO.</b>		
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cardiac dilatation</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Coronary heart disease</b> DUE TO (c) <b>arteriosclerotic heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>48 hours</b> <b>5 years</b> <b>5 years</b> <b>4200</b>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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)		
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?		
22. I hereby certify that I attended the deceased from <u>Sept 16, 1952</u> , to <u>Aug 7, 1952</u> , that I last saw the deceased alive on <u>Aug 6, 1952</u> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Herbert Shuey</b> (Degree or title) <b>Herbert Shuey M.D.</b>			23b. ADDRESS <b>3903 Brooklyn</b>		23c. DATE SIGNED <b>8-8-52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>8-9-52</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Calvary</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City Mo.</b>		
DATE REC'D BY LOCAL REG. <b>8-8-52</b>		REGISTRAR'S SIGNATURE <b>Bessaline Holmes</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Melody-McGilley-Eylar KCMO.</b>		

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

please  
return  
to  
me

Dr. Henry  
3903 Brooklyn  
Wa 6493

De Loney

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... Adrian Jay Stitt

Licensed Embalmer No. 4882

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