

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

0520

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

REC OCT 25 1952

BIRTH NO. _____		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4260</u>		Registrar's No. <u>59</u>	
1. PLACE OF DEATH a. COUNTY <u>KNOX</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>KNOX</u>			
b. CITY OR TOWN <u>RURAL - 2 mi. W. Baring</u>		c. LENGTH OF STAY (in this place) <u>LIFE</u>		c. CITY OR TOWN <u>BARING - RURAL</u>		0520	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) <u>2 mi. W. of Baring</u>			
3. NAME OF DECEASED a. (First) <u>JOSEPH FRANCIS</u>			b. (Middle) _____		c. (Last) <u>DELANEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>OCT. 22 1952</u>
5. SEX <u>M. P.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>OCT. 14 1969</u>		9. AGE (in years last birthday) <u>83</u>	IF UNDER 1 YEAR Months <u>8</u> Days _____
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>AGRICULTURE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BARING, MO. (RURAL)</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>MICHAEL DELANEY</u>		13b. MOTHER'S MAIDEN NAME <u>ELLEN HAEFFERNAN</u>		14. NAME OF HUSBAND OR WIFE <u>MARY E. (FINK) DELANEY</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NO</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. Wm. W. Delaney</u> ADDRESS <u>Baring, Mo.</u>			
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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac failure</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 hrs.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiovascular disease</u>					1 yr.
		DUE TO (c) _____					
		11. 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"/>	
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) <u>4221</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>Jan. 1952</u> to <u>Oct 22, 1952</u> ; that I last saw the deceased alive on <u>Oct 22, 1952</u> , and that death occurred at <u>9:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J. Wm. W. Delaney</u> (Degree or title) _____				23b. ADDRESS <u>China, Mo.</u>		23c. DATE SIGNED <u>10-23-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>OCT 25, 1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>ST. ALOYSIUS CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>BARING MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>Oct. 25-1952</u>		REGISTRAR'S SIGNATURE <u>Helle S. Hundt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul C. Augerhauser</u>		ADDRESS <u>China, Mo.</u>	

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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 Paul C. Kueghauser

Licensed Embalmer No. 4085

P. O. Address Edina 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.