

No. 300
10. 48

FILED OCT 18 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33055

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1077

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

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clinton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN 6 Mi. S. of Stewartville	
c. LENGTH OF STAY (In this place) 1 WK.		d. STREET ADDRESS (If rural, give location) R.F.D.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Methodist, Hospt.			

3. NAME OF DECEASED (Type or Print) a. (First) Rose b. (Middle) May c. (Last) Delaney	4. DATE OF DEATH (Month) (Day) (Year) 10 - 4 - 1954
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Nov. 16, 1902	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY -	11. BIRTHPLACE (State or foreign country) Perrin, Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Albert Horn	13b. MOTHER'S MAIDEN NAME Wella Boswell	14. NAME OF HUSBAND OR WIFE Rea D. Delaney
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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) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Rea D. Delaney, Stewartville, Mo
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1950
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of the breast, right		
	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. Generalized carcinomatosis.			

19a. DATE OF OPERATION 10-2-54	19b. MAJOR FINDINGS OF OPERATION Bilateral adrenalectomy & oophorectomy.	20. AUTOPSY? 170 X 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) m.	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 **Aug**, 1952, to **4 Oct**, 1954, that I last saw the deceased alive on **4 Oct**, 1954, and that death occurred at **4:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Mrs. J. E. ...	23b. ADDRESS St Joseph Mo	23c. DATE SIGNED 10-4-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 10-7-54	24c. NAME OF CEMETERY OR CREMATORY Lebanon Cem.	24d. LOCATION (City, town, or county) (State) Clinton Co. Mo.
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DATE REC'D BY LOCAL REG. Oct 12, 1954	REGISTRAR'S SIGNATURE Kathleen M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. S. Summerfield, Stewartville Mo
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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 *W.E. Summersfield*

Licensed Embalmer No. *3007*

P. O. Address *Stewartsville, 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.