

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22840**

FILED AUG 13 1956

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **850**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. LENGTH OF STAY (in this place) life		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3211 So. 22nd St.		e. STREET ADDRESS (If rural, give location) 3211 So. 22nd St.	

3. NAME OF DECEASED (Type or Print) BLANCHE LYDIA DELANEY			4. DATE OF DEATH (Month) (Day) (Year) August 3, 1956		
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 29, 1884		9. AGE (in years last birthday) 71
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (City and State or Foreign Country) Buchanan County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Morrison M. Burns		13b. MOTHER'S MAIDEN NAME Isabelle Martin		14. NAME OF HUSBAND OR WIFE John P. Delaney	
--	--	---	--	---	--

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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS John P. Delaney, 3211 S. 22nd St. St. Joseph, Mo.		
---	--	--	---	--	--

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, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) metastatic carcinoma ANTECEDENT CAUSES Ca of Colon Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH 6 mo 18 mo
		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 153x		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)	
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?	

22. I hereby certify that I attended the deceased from **8-3, 1956** to **8-3, 1956** that I last saw the deceased alive on **8-3, 1956**, and that death occurred at **1:15p. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Clement P. Allison M.D.		23b. ADDRESS St. Joseph, Mo.		23c. DATE SIGNED 8-6-56	
--	--	--	--	-----------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 8/6/1956	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.		
--	------------------------------	--	---	--	--

DATE REC'D BY LOCAL REG. Aug 10, 1956		REGISTRAR'S SIGNATURE Catherin M. Allison		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Heaton-Bourman St. Joseph, Mo.	
---	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

4850

AUG 20 1956

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.....
Signature of Student Embalmer

Signed *William J. Galding*

Licensed Embalmer No. 4535

P. O. Address 3195 10th St. #100

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.