

FILED JAN 25 1957

STANDARD CERTIFICATE OF DEATH

State File No. 1569

BIRTH NO. REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5573 Registrar's No. 8

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

1. PLACE OF DEATH a. COUNTY Jackson			2. USUAL RESIDENCE (Where deceased lived. If institution: "residence before admission). a. STATE Missouri b. COUNTY Jackson		
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Rural Van Buren Twp)		c. LENGTH OF STAY (in this place) 8 yrs.	c. CITY OR TOWN Grain Valley		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, Tarsney Lakes			e. STREET ADDRESS (If rural, give location) Tarsney Lakes		
3. NAME OF DECEASED (Type or Print) a. (First) Daniel		b. (Middle) L.	c. (Last) Cooney	4. DATE OF DEATH (Month) (Day) (Year) 1 - -1 -1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-15-1895	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months 3 Days 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinest	10b. KIND OF BUSINESS OR INDUSTRY Hydraulic	11. BIRTHPLACE (City and State or Foreign Country) Michigan		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF DECEASED'S WIFE Grain-Arev S. Cooney valley,	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No none		16. SOCIAL SECURITY NO. 560-10-7980	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arev S. Cooney, Grain Valley, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion				INTERVAL BETWEEN ONSET AND DEATH 15 Min.
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES DUE TO (b) 0				
	DUE TO (c) 0				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. none				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION none				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 420 /			
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? 0			
22. I hereby certify that I attended the deceased from Jan. 1, 1957 , to Jan. 1, 1957 , that I last saw the deceased alive on dead on, arrived and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE O. Lister M.D.		23b. ADDRESS Oak Grove, Mo.		23c. DATE SIGNED 1/4/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1-3-57	24c. NAME OF CEMETERY OR CREMATORY Newton Burial Park	24d. LOCATION (City, town, or county) (State) Nevada, Missouri		
DATE REC'D BY LOCAL REG. 1-14-57	REGISTRAR'S SIGNATURE N.B. Langford		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hays Funeral Service Inc., Nevada, Mo		

+83
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(Licensed Embalmer's Statement on Reverse Side)

JAN 23 1957

JAN 25 1957

MAR 7 1957

MAR 6 1957

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 *A.H. Marmaduke*.....

Licensed Embalmer No. 2070

P. O. Address Nevada,

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.