

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

30278

State File No. \_\_\_\_\_

Registration District No. 11

Primary Registration District No. 5041

Registrar's No. 85

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

1. PLACE OF DEATH:

(a) County Barry

(b) City or town Rural- Flat Creek twp.  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 3  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether years, months or days)

In this community most of life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Barry

(c) City or town Rural  
(If outside city or town limits, write "RURAL")

(d) Street No. 3 1/2 mi. W. of Exeter, Mo.  
(If rural, give location)

(e) Citizen of foreign country? no (Yes or No)  
If yes, name country \_\_\_\_\_

3. (a) PRINT FULL NAME Charley Edwin Laney

3. (b) If veteran, name war \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex M.O 5. Color or race W.

6. (a) Single, widowed, married, divorced M.

6. (b) Name of husband or wife Belvia E. Laney

6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased April 16, 1909  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day

38	4	10	hr. min.
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9. Birthplace Washburn, Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business Farming

12. Name Robert C. Laney

13. Birthplace Christian County, Mo.  
(City, town, or county) (State or foreign country)

14. Maiden name Laura Danley,

15. Birthplace Corsicana, Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant R. C. Laney

(b) Address Exeter, Mo.

17. (a) burial (b) Date thereof 8/28/47  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maplewood Cemetery

18. (a) Signature of funeral director Koon Funeral Home

(b) Address 1303 Main, Cassville, Mo.

19. (a) Sept 10-1947 (b) Grace Williams  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month August day 26  
year 1947 hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.

Immediate cause of death Crushed skull and chest

Due to Automobile accident on Highway 37 near cassville Mo

Due to \_\_\_\_\_

Other conditions 1700-8  
422  
(Include pregnancy within 3 months of death)

Major findings: 1700-8  
422  
Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

Duration \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) Accident

(b) Date of occurrence August 26, 1947

(c) Where did injury occur? near Cassville Barry Co  
(City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place?  
Highway 37

While at work? \_\_\_\_\_ (Specify type of place)

(e) Means of injury \_\_\_\_\_

23. Signature J. D. Buchanan Edmond  
(M.D. or other)

Address \_\_\_\_\_ Date signed 8-27-47

call with other M. W. W. W.

RECEIVED

District Health Officer No. 6,

District File Number 947-918

Date Filed SEP 30 1947

OCT 9 1947

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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

....., Registered Apprentice No. ....  
working under my personal supervision.

Signed W. C. Koon

Licensed Embalmer No. 4359

P. O. Address Cassville, 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.