

FILED MAY 20 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16305

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 204 Registrar's No. 220

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <b>MO</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>JOPLIN</b>	
c. LENGTH OF STAY (In this place) <b>3043</b>		d. STREET ADDRESS (If rural, give location) <b>1316 SERGEANT</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>FREEMAN HOSP.</b>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <b>BERT</b>			(Month) (Day) (Year) <b>MAY 9 1949</b>		
b. (Middle) <b>-</b>			c. (Last) <b>CHANEY</b>		

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>DEC. 29, 1875</b>	9. AGE (In years last birthday) <b>73</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>GROCCER</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>RETAILER</b>	11. BIRTHPLACE (State or foreign country) <b>ARCADIA, Mo.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>JOHN LEE CHANEY</b>	13b. MOTHER'S MAIDEN NAME <b>ADALINE MINER</b>	14. NAME OF HUSBAND OR WIFE <b>ELLA CHANEY</b>
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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) <b>NO</b>	16. SOCIAL SECURITY NO. <b>-</b>	17. INFORMANT'S SIGNATURE OR NAME <b>ELLA CHANEY</b>	ADDRESS <b>616 SERGEANT, JOPLIN</b>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <b>Myocardial Infarction Abdominal Aortic Aneurysm Ruptured</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4-18 hrs</b>
	ANTECEDENT CAUSES <b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</b>		
	DUE TO (c) <b>Arteriosclerosis</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <b>Arteriosclerosis Hypertension</b>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Laprotomy, rupture of aorta</b>	BY AUTOPSY? <b>NO</b>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (Home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>JOPLIN MO</b>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Stroke</b>
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22. I hereby certify that I attended the deceased from **May 6, 1949** to **May 9, 1949** that I last saw the deceased alive on **May 6, 1949**, and that death occurred at **5:30 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>J. G. Myers</b>	23b. ADDRESS <b>1316 Sergeant</b>	23c. DATE SIGNED <b>May 10 1949</b>
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24a. BURIAL CREMATION (REMOVAL) (Specify)	24b. DATE <b>5-10-49</b>	24c. NAME OF CEMETERY OR CREMATORY <b>EVERGREEN CEM.</b>	24d. LOCATION (City, town, or county) (State) <b>FORT SCOTT KANS.</b>
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DATE REC'D BY LOCAL REG. <b>5-11-49</b>	REGISTRAR'S SIGNATURE <b>Edna James</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>WILLIAM B. GLOVER</b>	ADDRESS <b>JOPLIN, MO</b>
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(Licensed Embalmer's Statement on Reverse Side)

49  
2  
5  
J. G. Myers - 708  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

*Art G. Fike*

Student Embalmer No. *317*

working under my personal supervision.

Signed.....  
*Art G. Fike*  
Student Embalmer

Signed.....  
*Paul Glover*

Licensed Embalmer No. *4593*

P. O. Address *Joplin, 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.