

FILED JUN 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **17620**

BIRTH NO. _____		REG. DIST. NO. 244		PRIMARY REG. DIST. NO. 15834		Registrar's No. 6		
1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho Marion		c. LENGTH OF STAY (In this place) 3 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Neosho R5 Marion Rural		d. STREET ADDRESS (If rural, give location) RR 5		
d. FULL NAME OF HOSPITAL OR INSTITUTION RR 5, Neosho, Mo.				d. STREET ADDRESS (If rural, give location) RR 5				
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Joseph c. (Last) Chaney			4. DATE OF DEATH (Month) (Day) (Year) May 29 1950					
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 20, 1889		9. AGE (In years last birthday) 61 yrs	IF UNDER 1 YEAR Days	IF UNDER 12 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lineman		10b. KIND OF BUSINESS OR INDUSTRY Western Union		11. BIRTHPLACE (State or foreign country) Pacific, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME W. M. Chaney			13b. MOTHER'S MAIDEN NAME Mary Ann McHans		14. NAME OF HUSBAND OR WIFE Evalyn Chaney			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME Evalyn Chaney ADDRESS RR 5 Neosho, Mo.				
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.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterio sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) _____ rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4/500						INTERVAL BETWEEN ONSET AND DEATH 2 yrs	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) _____		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 May 20, 1950 , to May 27, 1950 , that I last saw the deceased alive on May 27, 1950 , and that death occurred at 10:55 A. m. , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) Paul C. Davis, M.D.				23b. ADDRESS Neosho, Mo.		23c. DATE SIGNED 6-1-1950		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 6-1-1950	24c. NAME OF CEMETERY OR CREMATORY Diamond Cemetery		24d. LOCATION (City, town, or county) (State) Diamond, Mo.			
DATE REC'D BY LOCAL REG. 6-2-50		REGISTRAR'S SIGNATURE Mrs Allie Parnell		25. FUNERAL DIRECTOR'S SIGNATURE Parker-Hunsaker Mortuary		ADDRESS Joplin, Mo		

D.S. (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH DEPT.

District File Number 650-125

Date Filed JUN 5 1950

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.

Signed F. M. Jones.....

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

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.