

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25264

FILED AUG 11 1950

BIRTH NO.

REG. DIST. NO. 233

PRIMARY REG. DIST. NO. 3074

Registrar's No. 117

1. PLACE OF DEATH a. COUNTY: <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE: <u>Missouri</u> b. COUNTY: <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home 745 E. Gladys</u>		d. STREET ADDRESS (If rural, give location) <u>745 E. Gladys</u>	
3. NAME OF DECEASED a. (First) <u>Ira</u> b. (Middle) <u>(C)</u> c. (Last) <u>Chaney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 24 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>April 18, 1873</u>
9. AGE (In years last birthday) <u>77</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	11. BIRTHPLACE (State or foreign country) <u>Dassel, Minn.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James Chaney</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Ethel Chaney</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. ---	
17. INFORMANT'S SIGNATURE OR NAME <u>Paul Chaney</u>		ADDRESS <u>Fedricktown, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Angina Pectoris</u>		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
DUE TO (b) _____		DUE TO (c) _____			
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		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) (Min.)		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 Jan 1, 1949, to July 24, 1950, that I last saw the deceased alive on 12 23 July 19 50, and that death occurred at 7 31 P.M. from the causes and on the date stated above.

23a. SIGNATURE <u>B. L. McMillin</u>		23b. ADDRESS <u>227 W. Gladys St. Sikeston Mo</u>		23c. DATE SIGNED <u>7-31-1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/25/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Sikeston, New Madrid, Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mrs. Ella Hunter</u>		ADDRESS <u>1010 Sikeston Mo</u>	
DATE REC'D BY LOCAL REG. <u>July 31-50</u>		REGISTRAR'S SIGNATURE <u>429</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>1010 Sikeston Mo</u>	

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

RECEIVED AUG 8
SCOTT COUNTY HEA
CO. FILE NO. 85

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
Student Embalmer

Signed J. E. Smith

Licensed Embalmer No. 4685

P. O. Address Suburban

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.