

FILED NOV 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37506

0502

BIRTH NO. 124 REG. DIST. NO. 167 PRIMARY REG. DIST. NO. 3031 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JEFFERSON	
b. CITY (If outside corporate limits, write RURAL and give township) Desoto		c. CITY (If outside corporate limits, write RURAL and give township) Desoto	
c. LENGTH OF STAY (in this place) 2 yrs		d. STREET ADDRESS (If rural, give location) CEDAR + ELLEN STs.	
d. FULL NAME OF HOSPITAL OR INSTITUTION CEDAR + ELLEN Hs			
3. NAME OF DECEASED (Type or Print)	(First) William	(Middle) T	(Last) CHANCELLOR
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 6-5-1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cook	10b. KIND OF BUSINESS OR INDUSTRY Retired	9. AGE (In years last birthday) 72	11. BIRTHPLACE (State or foreign country) Tennessee
13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Bertha	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Bertha Chancellor Desoto, 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) Carcinoma of left kidney. INTERVAL BETWEEN ONSET AND DEATH 22 years	
ANTECEDENT CAUSES 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. 180X	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 March, 1950 , to Nov. 23, 1950 , that I last saw the deceased alive on Nov. 22, 1950 , and that death occurred at 4:00 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE (In case or title) Thomas A. Donnell M.D.		23b. ADDRESS Desoto, Mo.	23c. DATE SIGNED 11-24-50
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE 11-27-50	24c. NAME OF CEMETERY OR CREMATORY Missouri	24d. LOCATION (City, town, or county) (State) St. Louis, Missouri
DATE REC'D BY LOCAL REG. 11-24-50	REGISTRAR'S SIGNATURE Marie Harris - 146	25. FUNERAL DIRECTOR'S SIGNATURE McLaughlin Funeral Home 2301 Lafayette	

(Licensed Embalmer's Statement on Reverse Side)

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

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED 11-27-50

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

L. P. Cooper

Signed.....
Student Embalmer

Licensed Embalmer No. *5633*

P. O. Address *2317 1/2 1st St*

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.