

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED FEB 27 1951

State File No. 5570

BIRTH NO. 9051-51 REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 54

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis	
b. CITY OR TOWN Sedalia		c. CITY OR TOWN Knobnoster	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bothwell Memorial Hospital		d. STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print) a. (First) Calvin b. (Middle) Eugene c. (Last) Chaney			4. DATE OF DEATH (Month) (Day) (Year) 2-4-51		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) 0	8. DATE OF BIRTH 2-3-51	9. AGE (In years last birthday)	10. IF UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Sedalia, Mo.	12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Franklin Clarence Chaney	13b. MOTHER'S MAIDEN NAME Betty Jean Elwell	14. NAME OF HUSBAND OR WIFE
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 F.C. Chaney, Knobnoster, Missouri

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary atelectasis		INTERVAL BETWEEN ONSET AND DEATH 7625
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Due to prematurity (7 months)		
	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 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) (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 2-3-, 1951, to 2-4-, 1951, that I last saw the deceased alive on 2-4, 1951, and that death occurred at 11:30 A m., from the causes and on the date stated above.

23a. SIGNATURE Chas Jordan Stauffer MD	(Degree or title)	23b. ADDRESS Sedalia Missouri	23c. DATE SIGNED 2-10-51
24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE Feb. 5, 1951	24c. NAME OF CEMETERY OR CREMATORY Knobnoster Cemetery	24d. LOCATION (City, town, or county) (State) Knobnoster, Mo.

DATE REC'D BY LOCAL REG. 2/5/1951	REGISTRAR'S SIGNATURE A. J. Campbell MD	25. FUNERAL DIRECTOR'S SIGNATURE W. Raymond Baker	ADDRESS Knobnoster, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0804

RECEIVED 2.26.51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 2.26.51

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{Not} embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student _____
Student Embalmer

Signed W. Raymond Baker

Licensed Embalmer No. 4616

P. O. Address Knob Noster, 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.