

FILED MAY 29 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15560**

BIRTH NO. _____		REG. DIST. NO. <b>30</b>		PRIMARY REG. DIST. NO. <b>103</b>		Registrar's No. <b>23</b>					
1. PLACE OF DEATH a. COUNTY <b>Benton</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <b>MO</b>				b. COUNTY <b>Benton</b>			
b. CITY OR TOWN <b>WARSAW RT 1</b>		c. LENGTH OF STAY (in this place) <b>6.5e</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>WARSAW E. Lindsey</b>		d. STREET ADDRESS (If rural, give location) <b>8 miles N.W. WARSAW</b>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NONE</b>				4. DATE OF DEATH (Month) (Day) (Year) <b>MAY 21, 1951</b>							
3. NAME OF DECEASED (Type or Print) a. (First) <b>WILLIAM F.</b>			b. (Middle) _____			c. (Last) <b>CHANCE</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>Sept 24, 1861</b>		9. AGE (In years last birthday) <b>89</b>			
						IF UNDER 1 YEAR Months <b>7</b> Days <b>27</b>		IF UNDER 24 HRS. Hours <b></b> Min. <b></b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMING</b>			10b. KIND OF BUSINESS, OR INDUSTRY <b>"FARM OWNER" Princeton, MO</b>			11. BIRTHPLACE (State or foreign country) <b>MO</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>			
13a. FATHER'S NAME <b>unknown</b>			13b. MOTHER'S MAIDEN NAME <b>unknown</b>			14. NAME OF HUSBAND OR WIFE <b>Mary F Chance</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>			16. SOCIAL SECURITY NO. <b>no</b>			17. INFORMANT'S SIGNATURE OR NAME <b>Dee Chance</b>			ADDRESS <b>Warsaw</b>		
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) <b>Arteriosclerotic Cardio-Vase-Renal Dis.</b>						INTERVAL BETWEEN ONSET AND DEATH <b>Unknown</b>			
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility</b>						<b>Unk</b>			
		DUE TO (c) _____									
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hypertrophic Arthritis</b>						<b>Unk</b>			
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? <b>442X</b> 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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____							
22. I hereby certify that I attended the deceased from <b>January 19 51</b> , to <b>May 19 51</b> , that I last saw the deceased alive on <b>29 May, 19 51</b> , and that death occurred at <b>5:30 P.M.</b> , from the causes and on the date stated above.											
23a. SIGNATURE <b>David H. Glenn M.D.</b>				(Degree or title) _____				23b. ADDRESS <b>Warsaw, Mo.</b>		23c. DATE SIGNED <b>22 May 51</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 23, 1951</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Kimberly Cemetery</b>		24d. LOCATION (City, town, or county) <b>Benton Co.</b>		(State) <b>MO</b>			
DATE REC'D BY LOCAL REG. <b>May 25-1951</b>		REGISTRAR'S SIGNATURE <b>Jao A. Logan</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>John S. Cress</b>		ADDRESS <b>Warsaw</b>					

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

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RECEIVED 5-28-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 5-28-51 \_\_\_\_\_

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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 John G. Reese

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.