S. No. 300
. 10.48

FILED JUN 6 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17154

540
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BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 5643 Registrar's No. 29

1. PLACE OF DEATH
a. COUNTY: LAFAYETTE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural CONCORDIA Freedom Twp.
c. LENGTH OF STAY (in this place):
d. FULL NAME OF ~~HOSPITAL OR INSTITUTION~~ (If not in hospital or institution, give street address or location): 3 Mi West of Concordia Mo Hiway 40

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: ILLINOIS
b. COUNTY: ST. CLAIR
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): EAST ST. LOUIS 8120
d. STREET ADDRESS (If rural, give location): 221 EAST BROADWAY

3. NAME OF DECEASED (Type or Print)
a. (First): JOHN
b. (Middle):
c. (Last): CHANEY

4. DATE OF DEATH (Month) (Day) (Year): MAY 25 1951

5. SEX: MALE 0
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: AUG 13, 1913
9. AGE (In years last birthday): 37 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): PAINTER
10b. KIND OF BUSINESS OR INDUSTRY: PAINTING
11. BIRTHPLACE (State or foreign country): MADISON ILL 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: JOHN CHANEY, Sr.
13b. MOTHER'S MAIDEN NAME: LEZA GIVINS
14. NAME OF HUSBAND OR WIFE: JUANITA E. CHANEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): YES — (If yes, give war or dates of service): WORLD 11
16. SOCIAL SECURITY NO.: 329-10-7097
17. INFORMANT'S SIGNATURE OR NAME: MRS. MARY GUST — ADDRESS: 221 E. BROADWAY E. ST LOUIS, ILL

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Shock, Hemorrhage, Multiple Fractures, Skull Fracture
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Died following motor car accident which occurred on no 40
DUE TO (c): Highway 3 mile west of Concordia
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: Fracture of left leg, left arm, Skull & crushing body injuries

INTERVAL BETWEEN ONSET AND DEATH: 3 5 5 4

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: no operation, 054
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT ~~SUICIDE HOMICIDE~~ (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): no 40 Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Concordia Lafayette Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): May 25 1951 11 00 P m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?: Motor Car Accident

22. *I hereby certify that I attended the deceased from* After Death *to* _____, 19__, *that I last saw the deceased* ~~alive on~~ 5-26, 1951, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. E. Martin M.D. Coroner
23b. ADDRESS: Odessa Mo
23c. DATE SIGNED: May 26-1951

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: MAY 29, 1951
24c. NAME OF CEMETERY OR CREMATORY: MT. CARMEL CEMETERY
24d. LOCATION (City, town, or county) (State): EAST ST. LOUIS ILL

DATE REC'D BY LOCAL REG.: May 27-1951
REGISTRAR'S SIGNATURE: Clayton W. Landrum 154
25. FUNERAL DIRECTOR'S SIGNATURE: E. S. James — ADDRESS: Concordia Mo

(Licensed Embalmer's Statement on Reverse Side)

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

JUN 27 1951

RECEIVED 6-5-51
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 6-5-51

JUN 12 195

JUN 6 1951

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 Me

working under my personal supervision.

Student Embalmer No.

Signed E. S. James

Signed
Student Embalmer

Licensed Embalmer No. 2058

P. O. Address Concordia, 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.