

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26019

State File No.

FILED AUG 13 1951

BIRTH NO. _____ REG. DIST. NO. 378 PRIMARY REG. DIST. NO. 4552 Registrar's No. 38

1. PLACE OF DEATH
 a. COUNTY Wright
 b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mtn. Grove
 c. LENGTH OF STAY (If in this place) 18 yrs.
 d. FULL NAME OF HOSPITAL OR INSTITUTION None

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri
 b. COUNTY Wright
 c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mtn. Grove 1141
 d. STREET ADDRESS (If rural, give location) 225 Ash Street

3. NAME OF DECEASED (Type or Print)
 a. (First) Henry b. (Middle) Burton c. (Last) Chaney
 4. DATE OF DEATH (Month) (Day) (Year) July 6 1951

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Sept. 4 1875 9. AGE (In years last birthday) Months Days 75 10 2

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Retired farmer 10b. KIND OF BUSINESS OR INDUSTRY Farmer 11. BIRTHPLACE (State or foreign country) Davis City, Iowa 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John M. Chaney 13b. MOTHER'S MAIDEN NAME Rachel Cleverger 14. NAME OF HUSBAND OR WIFE Dora M. Newton Chaney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or date of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Roy B. Chaney, Mtn. Grove ADDRESS _____

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))
 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis
 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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. AUTOPSY? YES NO 4201

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from July 31, 1951, to July 6, 1951, that I last saw the deceased alive on July 6, 1951, and that death occurred at 4:21 p.m., from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D. 23b. ADDRESS Mtn. Grove, Mo. 23c. DATE SIGNED 7-7-51

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE July 9 1951 24c. NAME OF CEMETERY OR CREMATORY Hillcrest Cemetery 24d. LOCATION (City, town, or county) (State) Mtn. Grove, Mo.

DATE REC'D BY LOCAL REG. 7-31-51 REGISTRAR'S SIGNATURE [Signature] 348 25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Mtn. Grove

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

141

Dr. [Signature]

WRIGHT CO. HEALTH DEPT.
County File Number 831-28
Date Filed Aug. 11, 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.....

..... Student Embalmer No;

working under my personal supervision.

Student
Student Embalmer

Signed *Russell W. Barber*.....

Licensed Embalmer No. *3848*.....

P. O. Address *Mtn. Grove, 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.