

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **9029**

FILED APR 5 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **5706** Registrar's No. **26**

0600  
1

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

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>MCDONALD</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>MISSOURI-MCDONALD</b><br>b. COUNTY |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ANDERSON-RURAL</b> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>ANDERSON-RURAL</b>                                       |  |
| c. LENGTH OF STAY (in this place) <b>SOYRS</b>   |  | d. STREET ADDRESS (If rural, give location) <b>0600</b>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>NONE</b>  |  |  |  |

|   |   |   |   |   |   |
|---|---|---|---|---|---|
| 3. NAME OF DECEASED<br>(Type or Print) <b>WILLIAM-ELMER-CHANEY</b>  |   |   | 4. DATE OF DEATH<br>(Month) (Day) (Year) <b>2-17-52</b> |   |   |
| a. (First)  | b. (Middle)                               | c. (Last)                                     | 5. SEX <b>M</b>   | 6. COLOR OR RACE <b>W</b>                                     | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>M</b> |
| 8. DATE OF BIRTH <b>11-5-1894</b>   | 9. AGE (In years last birthday) <b>57</b> | 10. MONTHS <b>4</b>                           | 11. DAYS <b>12</b>                                      | 12. HOURS <b></b>   | 13. MIN. <b></b>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b> |   | 10b. KIND OF BUSINESS OR INDUSTRY <b>SAME</b> |   | 11. BIRTHPLACE (State or foreign country) <b>PROSPERTY-MO</b> |   |
| 12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>  |   |   |   |   |   |

|   |   |  |
|---|---|--|
| 13a. FATHER'S NAME <b>J.R. CHANEY</b>   | 13b. MOTHER'S MAIDEN NAME <b>JUSIE-DENTON</b> | 14. NAME OF HUSBAND OR WIFE <b>EDNA-CHANEY</b>                   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>NO</b> | 16. SOCIAL SECURITY NO. <b>493-03-1444</b>    | 17. INFORMANT'S SIGNATURE OR NAME <b>EDNA-CHANEY-ANDERSON-MO</b> |
| ADDRESS <b>ANDERSON-MO</b>  |   |  |

|  |   |  |   |
|--|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i> | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Thrombosis</b>   |  | INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> |
|  | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last...<br>DUE TO (b) <b>Coronary Heart Disease</b> |  | <b>1 month</b>                                |
|  | DUE TO (c)  |  |   |
|  | II. OTHER SIGNIFICANT CONDITIONS<br>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) | <b>4201</b>  |
| 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 **2-1**, 19**52**, to **3-17**, 19**52**, that I last saw the deceased alive on **3-17**, 19**52**, and that death occurred at **6<sup>00</sup> P.M.**, from the causes and on the date stated above.

|   |                                  |  |
|---|----------------------------------|--|
| 23a. SIGNATURE (Degree or title) <b>A. W. Blankenship, M.D.</b> | 23b. ADDRESS <b>Anderson Mo.</b> | 23c. DATE SIGNED <b>3-25-52</b>                                  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>         | 24b. DATE <b>3-19-52</b>         | 24c. NAME OF CEMETERY OR CREMATORY <b>ANDERSON</b>               |
|   |                                  | 24d. LOCATION (City, town, or county) (State) <b>ANDERSON MO</b> |

|   |  |  |                             |
|---|--|--|-----------------------------|
| DATE REC'D BY LOCAL REG. <b>3-26-52</b> | REGISTRAR'S SIGNATURE <b>Marjorie Humphrey</b> | 25. GENERAL DIRECTOR'S SIGNATURE <b>D. M. Humphrey</b> | ADDRESS <b>Pinville, MO</b> |
|---|--|--|-----------------------------|

SEP 4 1956

**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 W. M. Humphrey Jr.

Licensed Embalmer No. 4708

P. O. Address Noel 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.