

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **38705**

FILED DEC 6 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5170

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Kansas City</b>	
c. LENGTH OF STAY (in this place) <b>life</b>		d. STREET ADDRESS (If rural, give location) <b>516 South Quincey</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Chauncey</b> b. (Middle) <b>Olds</b> c. (Last) <b>HANWAY</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 25, 1952</b>		
5. SEX <b>M</b>		6. COLOR OR RACE <b>W</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	
8. DATE OF BIRTH <b>Feb. 16, 1902</b>		9. AGE (In years last birthday) <b>50</b>		10. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Electrician</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Sheffield Steel Co.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Missouri</b>	

13a. FATHER'S NAME <b>Chauncey O. Hanway</b>		13b. MOTHER'S MAIDEN NAME <b>Zadie A. Bright</b>		14. NAME OF HUSBAND OR WIFE <b>Mamie A. Hanway</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>489-24-4111</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Zadie Hanway</b> ADDRESS <b>516 So. Quincey, KC. Mo.</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Generalized anasarca</b>		DUE TO (b) <b>Chronic dilatation of the heart &amp; fibrous myocarditis</b>			2547
DUE TO (c) <b>Thyroid atrophy</b>		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 checked="" type="checkbox"/> NO <input 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 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 **PATHOLOGIST** **\*\*\*\*\*** and that death occurred at **\*\*\*\*\*** from the causes and on the date stated above.

22a. SIGNATURE <b>Russell W. Kerr</b> (Degree or title) <b>MD</b>		23b. ADDRESS <b>St. Joseph Hospital, K.C., Mo.</b>		23c. DATE SIGNED <b>11-25-52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Remove &amp; Burial</b>		24b. DATE <b>11-28-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Buckner Hills</b>	
24d. LOCATION (City, town, or county) (State) <b>Buckner, Missouri</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Melody McGilley-Eyler</b> ADDRESS <b>K.C. Mo.</b>		DATE RECD BY LOCAL REG. <b>11-26-52</b> REGISTRAR'S SIGNATURE <b>Deraldine Smith</b>	

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

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 \_\_\_\_\_

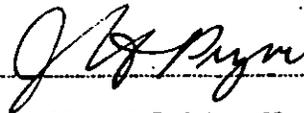
Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....

Student Embalmer

Signed \_\_\_\_\_



Licensed Embalmer No. 2449

P. O. Address K. C. 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.