

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1258

State File No.

FILED FEB 1 1953

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5539 Registrar's No. 7

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

1. PLACE OF DEATH a. COUNTY <u>Holt</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fortescue, Minton Twp.</u>	c. LENGTH OF STAY (In this place) <u>35 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fortescue, Minton Twp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>At home</u>		d. STREET ADDRESS (If rural, give location) <u>Fortescue</u> <u>0440</u>	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>Mabel</u>	b. (Middle) <u>May</u>	c. (Last) <u>Chaney</u>	(Month) <u>Jan.</u>	(Day) <u>26,</u>	(Year) <u>1953</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 19, 1903</u>	9. AGE (In years last birthday) <u>49</u>	IF UNDER 1 YEAR Months <u></u>	IF UNDER 1 YEAR Days <u></u>	IF UNDER 1 YEAR Hours <u></u>	IF UNDER 1 YEAR Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>In the home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Forest City, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Louis L. Fields</u>	13b. MOTHER'S MAIDEN NAME <u>Rosa May Goin</u>	14. NAME OF HUSBAND OR WIFE <u>James William Chaney</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James W. Chaney</u>	ADDRESS <u>Fortescue, Mo.</u>
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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 <u>Adenocarcinoma primary in uterus</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		DUPLICATE OF (b)		
ANTECEDENT CAUSES		DUPLICATE OF (c)		
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION <u>November 1952</u>	19b. MAJOR FINDINGS OF OPERATION <u>no</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 Nov 1952 to Jan 26, 1953 that I last saw the deceased alive on Jan 26, 1953 and that death occurred at 9:25 pm. from the causes and on the date stated above.

23a. SIGNATURE <u>H. E. Hooper</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>Mount City, Mo</u>	23c. DATE SIGNED <u>1-28-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-29-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mount Hope Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Mount City, Missouri</u>
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DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>1-28-1953</u> <u>James H. Crawford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Crawford</u>	ADDRESS <u>Mount City, Mo</u>
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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 James H Crawford
Licensed Embalmer No. 4796

P. O. Address Round City, 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.