

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18837

State File No.

FILED MAY 25 1953

BIRTH NO. REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 5891 Registrar's No. 16

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

1. PLACE OF DEATH a. COUNTY <u>OZARK</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>OZARK</u>		
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural Bridges Township Mo.</u>		c. LENGTH OF STAY (in this place) <u>6 Mo.</u>	c. CITY OR TOWN		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION			e. STREET ADDRESS (If rural, give location) <u>Bridges Township 0770</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>VINA</u>		b. (Middle) <u>M.</u>	c. (Last) <u>Chaney</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>5 20 1953</u>	
5. SEX <u>F.</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed 2</u>	8. DATE OF BIRTH <u>11-4-1879</u>	9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months Days
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>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Seymour, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Hiram Pruitt</u>		13b. MOTHER'S MAIDEN NAME <u>Lee</u>		14. NAME OF HUSBAND OR WIFE <u>John Chaney</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Leonard Chaney</u> ADDRESS <u>Parisville, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>3 day</u>
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			
		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 <u>331X</u>			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)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <u>1940</u> , 19 <u>May 20, 1953</u> , that I last saw the deceased alive on <u>May 20, 1953</u> , and that death occurred at <u>12:30 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>M. J. Holman MD</u> (Degree or title)			23b. ADDRESS <u>Gainesville, Tex</u>		23c. DATE SIGNED <u>5-22-53</u>
24a. BURIAL, CREMATION REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-22-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Friend</u>	24d. LOCATION (City, town, or county) (State) <u>Isabella Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5/23/53</u>		REGISTRAR'S SIGNATURE <u>Theresa Mahan</u> <u>461-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clint McGeehead</u> ADDRESS <u>Emerald Home Gainesville</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.....
Signature of Student Embalmer

Signed *John B. Casey*

Licensed Embalmer No. 4885

P. O. Address *Gainesville, TX*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.