

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29686

State File No. ....

FILED SEP 8 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 306 PRIMARY REG. DIST. NO. 6048 Registrar's No. 18

920  
4

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

1. PLACE OF DEATH a. COUNTY <u>St. Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St. Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>O'Fallon</u>	c. LENGTH OF STAY (in this place) <u>1 week</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Charles</u> <u>0923</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Raeper Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>715 Jefferson St.</u>	

3. NAME OF DECEASED (Type or Print) <u>SARAH Frances CHUNY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 29 1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>MAY. 22, 1858</u>	9. AGE (In years last birthday) <u>95</u>	10. MONTHS <u>5</u> DAYS <u>7</u> IF UNDER 24 HRS. Hours Min.
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		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Wm Koestey Chuny</u>		13b. MOTHER'S MAIDEN NAME <u>Polly Ann Kinion</u>	
14. NAME OF HUSBAND OR WIFE <u>Daniel Chuny</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>4</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Emercy Chuny</u>		ADDRESS <u>St. Charles, Mo</u>			

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, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) <u>Gangrene right leg</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thrombosis artery</u>		<u>Undet.</u>	
		DUE TO (c) <u>Generalized arteriosclerosis</u>		<u>Undet.</u>	
		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 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 Aug. 15, 1953, to Aug. 29, 1953, that I last saw the deceased alive on Aug. 28, 1953, and that death occurred at 5: A. m., from the causes and on the date stated above.

23a. SIGNATURE <u>L. C. McIntire M.D.</u> (Degree or title)		23b. ADDRESS <u>St. Charles, Mo.</u>		23c. DATE SIGNED <u>Sept. 2, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 31 - 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Highland Prairie</u>	
24d. LOCATION (City, town, or county) (State) <u>Lincoln County Mo</u>		DATE REC'D BY LOCAL REG. <u>Sept 3 - 53</u>		REGISTRAR'S SIGNATURE <u>E. A. Keichley</u> 280	
25. FUNERAL DIRECTOR'S SIGNATURE <u>W. M. Boy</u>		ADDRESS <u>Troy Mo</u>			

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 Wayne McBoyer

Licensed Embalmer No. 35786

P. O. Address Jung 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.