

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **8553**  
**1354**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1801</b>		Registrar's No. _____			
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 town or township) <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>5 years</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: <b>4033 Euclid</b>				e. STREET ADDRESS (If rural, give location) <b>4033 Euclid</b> <b>3628</b>					
3. NAME OF DECEASED (Type or Print) a. (First) <b>Sarah</b>		b. (Middle) <b>Alberta</b>		c. (Last) <b>CHANEY</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>March 25, 1954</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed 2</b>	8. DATE OF BIRTH <b>3-2-76</b>		9. AGE (In years last birthday) <b>78</b>	# UNDER 1 YEAR Months	# UNDER 1 YEAR Days	# UNDER 1 YEAR Hours	# UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>At home</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>Green Ridge, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			
13a. FATHER'S NAME <b>Ira B. Perdue</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Townsend</b>		14. NAME OF HUSBAND OR WIFE <b>Jack H. Chaney</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>none</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>James I. Brim, 4033 Euclid, K. C., 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA CERVIX</b>  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. <b>Hyperextension</b>				INTERVAL BETWEEN ONSET AND DEATH <b>3425</b>  <b>grossly 10025</b>			
19a. DATE OF OPERATION <b>Dec 28 '51</b>		19b. MAJOR FINDINGS OF OPERATION <b>Carcinoma of Cervix</b>				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) _____		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 <b>4-29</b> , 19 <b>50</b> , to <b>3-25</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>3-25</b> , 19 <b>54</b> , and that death occurred at <b>7:15 P. m.</b> , from the causes and on the date stated above.									
23. SIGNATURE <b>P. C. Quistgard</b> (Degree or title) <b>MD</b>				23b. ADDRESS <b>6244 Proctor Ave</b>		23c. DATE SIGNED <b>3-26-54</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>3-28-54</b>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <b>Green Ridge, Missouri</b>			
DATE REC'D BY LOCAL REG. <b>3-26-54</b>		REGISTRAR'S SIGNATURE <b>Sheldine Smith</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Melody-McGilley-Bylar, Kansas City, Mo.</b>					

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

Dr. G. G. G. G.  
6741 Prospect  
Ja. 4793.

**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 *Glen E. Heck*.....

Licensed Embalmer No...406...

P. O. Address *Kansas*..1

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.