

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No.

8554

1108

BIRTH NO. **FILED MAR 31 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No.

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY		c. CITY OR TOWN KANSAS CITY	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION: MARY'S REST HOME		STREET ADDRESS (If rural, give location) 6833 BALES	
3. NAME OF DECEASED a. (First) WILLIAM b. (Middle) HENRY c. (Last) CHANEY		4. DATE OF DEATH (Month) (Day) (Year) MARCH 10, 1954	
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 12, 1865
9. AGE (In years last birthday) 88	IF UNDER 1 YEAR: Months 7 Days 20	IF UNDER 24 HRS: Hours — Min. —	11. BIRTHPLACE (City and State or Foreign Country) LEXINGTON MISSOURI
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINISTER		10b. KIND OF BUSINESS OR INDUSTRY BAPTIST MINISTER	12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME JOHN R. CHANEY		13b. MOTHER'S MAIDEN NAME JANE WHITSETT	14. NAME OF HUSBAND OR WIFE MALTA W. CHANEY
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME MALTA W. CHANEY ADDRESS KANSAS CITY, MISSOURI	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Senile Debility		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		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. Arterial Sclerosis		450	
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)	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 2-4, 1954, to 3-11, 1954, that I last saw the deceased alive on 3-4, 1954, and that death occurred at 6:25 p.m., from the causes and on the date stated above.			
23a. SIGNATURE Gertrude Stevens (Degree or title) DD 21103 E		23b. ADDRESS Armons	23c. DATE SIGNED 3-11-54
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE 3-12-54	24c. NAME OF CEMETERY OR CREMATORY SUNNY SHOPE	24d. LOCATION (City, town, or county) (State) RICHMOND, MISSOURI
DATE REC'D BY LOCAL REG. 3-12-54	REGISTRAR'S SIGNATURE Seraldine Smith	25. FUNERAL DIRECTOR'S SIGNATURE George D. Lile ADDRESS Richmond Missouri	

(Licensed Embalmer's Statement on Reverse Side)

By: **CRB**

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 *George H. Hile*.....
Licensed Embalmer No. *406*.....

P. O. Address *Rehoboth*.....

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.