

FILED OCT 5 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **31490**

Registrar's No. **2152**

BIRTH NO. _____		REG. DIST. NO. <b>294</b>		PRIMARY REG. DIST. NO. <b>3056</b>		Registrar's No. <b>2152</b>	
1. PLACE OF DEATH a. COUNTY <b>Randolph</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Chariton</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Moberly</b>		c. LENGTH OF STAY (In this place) <b>Approx 18 hrs</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural Musselfork</b>		0210	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Woodland Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>Approx 1/4 mi No. of Musselfork</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Homer</b>		b. (Middle) <b>Lee</b>		c. (Last) <b>Chrane</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 23 1954</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Dec 6 1884</b>	
9. AGE (In years last birthday) <b>69</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>General Farm</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Keatesville Township Missouri</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Mathew Patton Chrane</b>		13b. MOTHER'S MAIDEN NAME <b>Cynthia Ann Graham</b>		14. NAME OF HUSBAND OR WIFE <b>Eula Cook Chrane</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 <b>Mrs Homer Chrane</b> ADDRESS <b>Keatesville 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute Post-Septic Myocardial Infarction</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.				INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4201</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Sept 22, 1954</b> to <b>Sept 23 1954</b> that I last saw the deceased alive on <b>Sept 19, 54</b> , and that death occurred at <b>6 PM</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>[Signature]</b> (Degree or title)				23b. ADDRESS <b>Moels No</b>		23c. DATE SIGNED <b>9/23/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>		24b. DATE <b>9-25-54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bethany Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>No. of Keatesville Mo</b>	
DATE REC'D BY LOCAL REG. <b>9/24/54</b>		REGISTRAR'S SIGNATURE <b>Jessie Knight</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Chas B Winkelmeyer</b>		ADDRESS <b>Salisbury Mo.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

**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

*Chas B Winhelmeizer*

Licensed Embalmer No. 3842

P. O. Address Salisbury, 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.