

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED NOV 15 1954

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 385

1. PLACE OF DEATH
a. COUNTY PETTIS

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY PETTIS

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN SEDALIA

c. LENGTH OF STAY (in this place) 35 yrs.

c. CITY OR TOWN SEDALIA

d. Is Residence within limits of a city or incorporated town? Yes No

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 1410 East 7th St.

e. STREET ADDRESS (If rural, give location) 1410 East 7th St. 08040

3. NAME OF DECEASED
a. (First) FRANCIS b. (Middle) L. c. (Last) CHANEY

4. DATE OF DEATH (Month) (Day) (Year) Nov. 5, 1954

5. SEX Male

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH Feb. 4, 1864

9. AGE (In years last birthday) 90 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY Building

11. BIRTHPLACE (City and State or Foreign Country) Hickory County, Mo.

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME James Chaney

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Mary Henson Chaney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Dewey Chaney, Sedalia, Mo.

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.

MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis (Enlarged Heart)
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Valvular Lesions
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
1/2

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES NO

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) 4214

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.

21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Oct 2, 1954, to Nov 5, 1954, that I last saw the deceased alive on Nov 5, 1954, and that death occurred at 1 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. S. Swartz, M.D.

23b. ADDRESS Sedalia MO

23c. DATE SIGNED Nov 7-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 11/7/54

24c. NAME OF CEMETERY OR CREMATORY McGee Chapel

24d. LOCATION (City, town, or county) (State) Sedalia, Rural, Missouri

DATE RECD BY LOCAL REG. 11/9/54

REGISTRAR'S SIGNATURE Lorna Coontz, Deputy

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thane Ewing, Sedalia, Mo.

WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed *G. E. Baker*.....

Licensed Embalmer No. *241*.....

P. O. Address *Socotolia*.....

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.