

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12530

FILED APR 18 1955

State File No.

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4281 Registrar's No. 24

1. PLACE OF DEATH a. COUNTY Lewis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lewis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Canton Canton		c. LENGTH OF STAY (In this place) Life	c. CITY OR TOWN Canton
d. FULL NAME OF HOSPITAL OR INSTITUTION At home		f. STREET ADDRESS (If rural, give location) 712 Jameson St.	

3. NAME OF DECEASED (Type or Print)	a. (First) Rebecah	b. (Middle) Ellen	c. (Last) Chinchen	4. DATE OF DEATH (Month) (Day) (Year) April 6, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 17, 1871	9. AGE (In years birthdays) 74	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) House wife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Tolona, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Chance	13b. MOTHER'S MAIDEN NAME Marinda Owens	14. NAME OF HUSBAND OR WIFE James W. Chinchen
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS James W. Chinchen, Canton, Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		Immediate
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? Yes <input type="checkbox"/> No <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 4/6, 1955, to 4/6, 1955, that I last saw the deceased alive on 4/6, 1955, and that death occurred at 10 A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. S. Dodson, M.D.	23b. ADDRESS Canton, Missouri	23c. DATE SIGNED 4/13/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 10, 1955	24c. NAME OF CEMETERY OR CREMATORY Forest Grove	24d. LOCATION (City, town, or county) (State) Canton, Lewis Co. Mo.
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DATE REC'D BY LOCAL REG. 4-13-55	REGISTRAR'S SIGNATURE P. W. Jennings, M.D.	FUNERAL DIRECTOR'S SIGNATURE ADDRESS Carl H. Barkley, Canton, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 13 1956

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 *Earl H. Buckley*.....

Licensed Embalmer No. *2612*

P. O. Address *Canton, N.Y.*

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.