o.300
0.48

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

FILED JAN 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1877

BIRTH NO. _____ REG. DIST. NO. 179 PRIMARY REG. DIST. NO. 5667 Registrar's No. 21

1. PLACE OF DEATH
a. COUNTY Lincoln
b. CITY OR TOWN ~~Troy~~ Rural (If outside corporate limits, write RURAL and give township)
c. LENGTH OF STAY (in this place) 5 Da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Lincoln Co Mem. Hosp.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Lincoln
c. CITY OR TOWN Troy
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 0510

3. NAME OF DECEASED (Type or Print)
a. (First) Gladys
b. (Middle) Virginia
c. (Last) Chewning

4. DATE OF DEATH (Month) (Day) (Year) January 20 1956

5. SEX F

6. COLOR OR RACE White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married

8. DATE OF BIRTH May 16 1897

9. AGE (In years last birthday) 58 — IF UNDER 1 YEAR: Months 8 Days 4 — IF UNDER 24 HRS.: Hours ___ Min. ___

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

10b. KIND OF BUSINESS OR INDUSTRY (Ret) Teaching

11. BIRTHPLACE (City and State or Foreign Country) Troy MO.

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Thomas Chewning

13b. MOTHER'S MAIDEN NAME Elizabeth Glore

14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) None

16. SOCIAL SECURITY NO. None

17. INFORMANT'S SIGNATURE OR NAME Thomas Chewning — **ADDRESS** Troy 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) (1) Carcinomatosis — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Carcinoma of Stomach

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 9/5/55

19b. MAJOR FINDINGS OF OPERATION Ca of Stomach c̄ metasis 151X

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)

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* 9, 19 55, *to* Jan 20, 19 56, *that I last saw the deceased alive on* 1/20, 19 56 *and that death occurred at* 5.00P m., *from the causes and on the date stated above.*

23a. SIGNATURE [illegible] (Degree or title) MD

23b. ADDRESS Troy Mo.

23c. DATE SIGNED Jan. 21, 1956

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

24b. DATE Jan 22 1956

24c. NAME OF CEMETERY OR CREMATORY Troy Cemetery

24d. LOCATION (City, town, or county) (State) Troy MO.

DATE REC'D BY LOCAL REG. Jan 28-1956

REGISTRAR'S SIGNATURE Emma B. Riddle 162 0

25. FUNERAL DIRECTOR'S SIGNATURE Wayne McCoy — **ADDRESS** Troy Mo

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed...Wayne McCoy.....

Licensed Embalmer No.....358

P. O. Address...Troy Mo...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.