

FILED FEB 14 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3567**

BIRTH NO. _____ REG. DIST. NO. **352** PRIMARY REG. DIST. NO. **4517** Registrar's No. **18**

1. PLACE OF DEATH a. COUNTY Taney		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Taney	
b. CITY (If outside corporate limits write RURAL and give township) OR TOWN Branson MO		c. CITY OR TOWN Branson	
d. FULL NAME OF HOSPITAL OR INSTITUTION Spang Hospital		e. STREET ADDRESS (If rural, give location) 109 N. 2ND ave	
3. NAME OF DECEASED (Type or Print) a. (First) Myrtle b. (Middle) Gene c. (Last) Chaney		4. DATE OF DEATH (Month) (Day) (Year) 2 1 56	
5. SEX Female	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH July 12-1885
9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Days 7	IF UNDER 2 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Homemaker	11. BIRTHPLACE (City and State or Foreign Country) Arkansas State	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Leslie R. Richman	13b. MOTHER'S MAIDEN NAME Richman	14. NAME OF HUSBAND OR WIFE J.S. Chaney	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Jess Chaney ADDRESS Branson 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension & Diabetes Mellitus DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 260X	
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 Aug 19 55 , to 2-1 1956 , that I last saw the deceased alive on 1-27 1956 , and that death occurred at 6:30 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) W. M. Rubin MD		23b. ADDRESS Branson, MO	23c. DATE SIGNED 2-1-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 2/4/56	24c. NAME OF CEMETERY OR CREMATORY Ozark Memorial Park	24d. LOCATION (City, town, or county) (State) Branson MO
DATE REC'D BY LOCAL REG. 2/7/56	REGISTRAR'S SIGNATURE Helen Campbell	25. FUNERAL DIRECTOR'S SIGNATURE Whetzel Funeral Home	ADDRESS Branson MO

(Licensed Embalmer's Statement on Reverse Side)

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

10600

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 *Minnie J. White*.....

Licensed Embalmer No. *227*.....

P. O. Address *Dunstable, Pa.*

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.