

FILED JUL 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23128**

BIRTH NO. _____		REG. DIST. NO. 71		PRIMARY REG. DIST. NO. 3012		Registrar's No. 57	
1. PLACE OF DEATH a. COUNTY Clay				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Clay			
b. CITY (If outside corporate limits, write RURAL and give town or township) Excelsior Springs		c. LENGTH OF STAY (in this place) 45 YRS		c. CITY OR TOWN Excelsior Spgs		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 218 East Excelsior Str				STREET ADDRESS (If rural, give location) 218 East Excelsior Street			
3. NAME OF DECEASED (Type or Print) a. (First) EDITH		b. (Middle) H.		c. (Last) GAINES		4. DATE OF DEATH (Month) (Day) (Year) June 26 1956	
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Jan 13 1881	
9. AGE (In years last birthday) 75		IF UNDER 1 YEAR Months		IF UNDER 1 YEAR Days		IF UNDER 4 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employed at				10b. KIND OF BUSINESS OR INDUSTRY Public Library		11. BIRTHPLACE (City and State or Foreign Country) Elam Penn.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME Robert S. Cheyney			13b. MOTHER'S MAIDEN NAME Mary E. Essery			14. NAME OF HUSBAND OR WIFE #####	
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 Mr Charles Cheyney-Glenwood Iowa	
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) Cerebral accident ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis several years DUE TO (c) Hypertension Heart Disease years				INTERVAL BETWEEN ONSET AND DEATH 2 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 443x				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 5/15 1945 , to 6/26 1956 , that I last saw the deceased alive on 6/20 1956 , and that death occurred at 3:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE Eugene B. Robichaux Degree or title M. D.				23b. ADDRESS Excelsior Springs Missouri		23c. DATE SIGNED 6/28/56	
24a. BURIAL CREMATION, REMOVAL (Specify) Burial		24b. DATE June 24 1956		24c. NAME OF CEMETERY OR CREMATORY Crown Hill Cemetery		24d. LOCATION (City, town, or county) (State) Excelsior Springs Mo.	
DATE REC'D BY LOCAL REG. 7/4/56		REGISTRAR'S SIGNATURE Caroline Hutchings		25. FUNERAL DIRECTOR'S SIGNATURE Virgil Hope		ADDRESS Excelsior Spgs Mo.	

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, ~~only~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *James A. Moles*
Licensed Embalmer No. 3296

P. O. Address *Excelsior Sp*

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.