

FILED APR 2 - 1957

STANDARD CERTIFICATE OF DEATH

8030

State File No.

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 3015 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLINTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAMERON</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>RURAL KATHROP TWP.</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Cameron Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>0250</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>ELMA</u> b. (Middle) <u>D.</u> c. (Last) <u>CHASE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAR. 20. 1957</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Dec. 31-1898</u>
9. AGE (In years last birthday) <u>28</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>CLINTON MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>J. FRANK GALL</u>	
13b. MOTHER'S MAIDEN NAME <u>Thomas EMERY CHASE</u>		14. NAME OF HUSBAND OR WIFE <u>EMERY CHASE TURNEY MO</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>EMERY CHASE TURNEY MO</u> ADDRESS _____
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: <u>Bilateral Hydro-pneumothorax</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 wks</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Metastatic Adenocarcinoma</u> <u>4 Yrs</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Adenocarcinoma rt. Breast</u> <u>6 Yrs</u>	
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? <u>2</u> 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)	<u>170X</u>
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 <u>August, 1956</u> , to <u>March 20, 1957</u> , that I last saw the deceased alive on <u>March 20, 1957</u> and that death occurred at <u>10:30 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J. S. Alcompton</u> (Degree or title)		23b. ADDRESS <u>110 Cameron, Mo.</u>	23c. DATE SIGNED <u>3-23-57</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>3-24-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>KATHROP CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KATHROP MO.</u>
DATE REC'D BY LOCAL REG. <u>3-24-57</u>	REGISTRAR'S SIGNATURE <u>Francis D Crawford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>CRUNK. CAMERON. MO</u>	ADDRESS _____

(Licensed Embalmer's Statement on Reverse Side)

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

531

VS FEB 24 1961

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.....
Debra M. [unclear]

Licensed Embalmer No. 253

P. O. Address.....
Camden

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.