V.S. No. 300
Rev. 10.48

FILED MAR 26 1957

STANDARD CERTIFICATE OF DEATH

State File No. 9055

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 139

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Johns Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Oklahoma
b. COUNTY: Ottawa
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Miami 8350
d. STREET ADDRESS (If rural, give location): 2034 N 4th 8

3. NAME OF DECEASED (Type or Print)
a. (First): GARY
b. (Middle): MICHAEL
c. (Last): CHANEY

4. DATE OF DEATH (Month) (Day) (Year): Feb. 9, 1957

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never married 0
8. DATE OF BIRTH: 1-7-1957
9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months 1, Days 2 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Child
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Oklahoma 1
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Raymond Chaney
13b. MOTHER'S MAIDEN NAME: Charlene Billner
14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Raymond Chaney, Miami, Okla

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): Malnutrition — INTERVAL BETWEEN ONSET AND DEATH: Two

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Intestinal resection small bowel 14
DUE TO (c): Congenital perforation of gut

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: 7562
20. AUTOPSY? YES ☒ NO ☐ 1

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* 1-7-57, 19__, *to* 1-9-57, 19__, *that I last saw the deceased alive on* 1-9-57, 19__, *and that death occurred at* 9:45 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J B Graves MD 0
23b. ADDRESS: 616 Connor Joplin
23c. DATE SIGNED: 3-11-57

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: Feb 11, 1957
24c. NAME OF CEMETERY OR CREMATORY: G. A. R. Cemetery
24d. LOCATION (City, town, or county) (State): Miami, Oklahoma

DATE REC'D BY LOCAL REG.: 3-20-1957
REGISTRAR'S SIGNATURE: Dovie Merriam
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Cooper Funeral Home, Miami, Okla

(Licensed Embalmer's Statement on Reverse Side)

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

Ottawa County Health Office

526

RECEIVED
Jasper County Health Office
County File Number 57-3-225
Date Filed MAR 25 1957

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 .....
Student Embalmer

Signed Cecil A. Thornhill

Licensed Embalmer No. 3590

P. O. Address Joplin Mo

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 this body is not embalmed, fact should be so stated above.