

Health, Welfare Public Service

FILED AUG 1 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24459
STATE FILE NUMBER
149 Primary Registration District No. 1002 Registrar's No. 3078

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1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lecky Kaw</u>		c. CITY OR TOWN <u>Lecky City</u>	
c. FULL NAME OF (If NOT in hospital, give full name of person in institution) HOSPITAL OR INSTITUTION <u>2905 Forest 71 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>1511 E 12th</u>	
3. NAME OF DECEASED (Type or print) First <u>Earnest</u> Middle <u>Chiney</u> Last <u>Chiney</u>		4. DATE OF DEATH Month <u>6</u> Day <u>30</u> Year <u>57</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>May 10 1890</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (City and state or country) <u>Madison County Miss</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Unknown</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		13c. NAME OF HUSBAND OR WIFE <u>Chiney Elizabeth Williams</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>none</u>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT <u>Earnest Chiney</u>		Address <u>3300 E 27th St</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Senility</u> - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>overwork</u> DUE TO (c) <u>LI</u>			INTERVAL BETWEEN ONSET AND DEATH <u>unknown</u> <u>794x</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u> </u> Month, Day, Year a.m. <u> </u> p.m. <u> </u>			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>6-10-57</u> to <u>6-30-57</u> and last saw her alive on <u>6-29-57</u> Death occurred at <u>home</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <u>F. J. Haugh Sr. MD</u>		22b. ADDRESS <u>3300 E 18th</u>	
22c. DATE SIGNED <u>7-2-57</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>7-3-57</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Lincoln Cem</u>		23d. LOCATION (City, town, or country) (State) <u>K.C. MO</u>	
24. FUNERAL DIRECTOR <u>E. Sterling Keller</u>		25. DATE RECD. BY LOCAL REG. <u>7-3-57</u>	
ADDRESS <u>1212 Pine</u>		26. REGISTRAR'S SIGNATURE <u>Neva Marshall</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION
F. J. Haugh, Sr.

All diseases in Part I must be causally related.

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

E. Sterling Bells

Licensed Embalmer No. 3178

P. O. Address 1212 Vine
St. O.

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.