

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 027432
State File No.

FILED AUG 19 1957

BIRTH NO. _____		REG. DIST. NO. <u>15</u>		PRIMARY REG. DIST. NO. <u>3004</u>		Registrar's No. <u>67</u>		
1. PLACE OF DEATH a. COUNTY <u>Barton</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Barton</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lamar, Missouri</u>		c. LENGTH OF STAY (in this place) <u>2 1/2 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Minden Mines, Missouri</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Potts Nursing Home</u>				d. STREET ADDRESS (If rural, give location) <u>6060</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosie</u> b. (Middle) <u>none</u> c. (Last) <u>Cheney</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 31 1957</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>March 19, 1873</u>		
9. AGE (In years last birthday) <u>84</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 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>None</u>		11. BIRTHPLACE (State or foreign country) <u>Weir, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Nicholas Langloss</u>			13b. MOTHER'S MAIDEN NAME <u>Jemima Unknown</u>			14. NAME OF HUSBAND OR WIFE <u>Daniel Cheney</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Amanda Yoos--daughter Arcadia, Kansas</u>			
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) <u>Pulmonary Edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Heart Disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>years</u>	
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)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		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>10-10, 1955</u> to <u>July 31, 1957</u> , that I last saw the deceased alive on <u>July 31, 1957</u> , and that death occurred at <u>4:40 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Herbert M. Arnold</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Lamar, Missouri</u>		23c. DATE SIGNED <u>8-8-57</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>Aug 3 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rosebank Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Milberry, Kansas</u>		
DATE REC'D BY LOCAL REG. <u>AUG 15 '57</u>		REGISTRAR'S SIGNATURE <u>Marie Konantz</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Melba J. Montant</u>		ADDRESS <u>Milberry, Kan.</u>		

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

14-0

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, _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed

E. K. Smith

Licensed Embalmer No. *3969*

P. O. Address

Pittsburg Kans.

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.

[Handwritten signature]