

FILED NOV 4 1957

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

Registration District No. 30 Primary Registration District No. 4038 Registrar's No. 47

5. 300
1-57

1. PLACE OF DEATH a. COUNTY <u>BENTON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>BENTON</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>WARSAW</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>WARSAW</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b <u>years.</u>		d. STREET ADDRESS (If outside, give location) <u>5 mile North</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>William</u> Middle <u>HARRISON</u> Last <u>CHANCE</u>				4. DATE OF DEATH Month <u>Oct</u> Day <u>30</u> Year <u>1957</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar 3, 1886</u>		9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months <u>7</u> Days <u>27</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>worked on farm</u>		11. BIRTHPLACE (City and state or country) <u>Princeton, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>William Franklin Chance</u>		13b. MOTHER'S MAIDEN NAME <u>Mary J Mock</u>		14. NAME OF HUSBAND OR WIFE <u>never married</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 <u>Carl Chance</u>		Address <u>Warsaw, Mo</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>Acute Circulatory Failure</u>						INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Coronary Thrombosis with myocardial infarction</u>				<u>12 hrs</u>	
		DUE TO (c) <u>Arteriosclerosis</u>				<u>5 yrs</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 <u></u> Day <u></u> Year <u></u> a.m. <u></u> p.m. <u></u>							
20d. INJURY OCCURRED WHILE AT WORK <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>Oct 20, 57</u> to <u>Oct 30 57</u> and last saw him alive on <u>Oct. 30, 1957</u> Death occurred at <u>3:30 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Emuel Saly DO</u>				22b. ADDRESS <u>Warsaw, Mo</u>		22c. DATE SIGNED <u>10/31/57</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov 1, 1957</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Kinkaid Cemetery</u>		23d. LOCATION (City, town, or county) <u>Warsaw Benton Co, Mo</u>		(State)
24. FUNERAL DIRECTOR <u>Resurrection Home</u>			ADDRESS <u>Warsaw</u>		25. DATE RECD. BY LOCAL REG. <u>Oct 30 1957</u>		26. REGISTRAR'S SIGNATURE <u>Jno. A. Logan</u>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 *John J. Reser*

Licensed Embalmer No. *4098*

P. O. Address *Warsaw*

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.