Health, Welfare Public Service

300
1-56

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAY 29 1958

58-020604
STATE FILE NUMBER

Registration District No. 333 Primary Registration District No. 3074 Registrar's No. 93

1. PLACE OF DEATH
a. COUNTY Scott
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sikeston — Inside Limits Yes ✓ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 670 N. Ranney — Length of stay in 1b: Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Scott
c. CITY OR TOWN Sikeston 1003 0 — Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location) 670 N. Ranney — Reside on Farm Yes ☐ No ✓

3. NAME OF DECEASED (Type or print) First: Lydia Middle: Stallcup Last: Chaney
4. DATE OF DEATH Month: 5 Day: 14 Year: 1958
5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH: 7-26-1880
9. AGE (In years last birthday): 77 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): School Teacher
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country): Sikeston Mo 0
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13. FATHER'S NAME: Benjiman Chaney
14. MOTHER'S MAIDEN NAME: Mary Brown
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.
17. INFORMANT: Miss Audrey Chaney Sikeston Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Uremia Terminal — INTERVAL BETWEEN ONSET AND DEATH: 5 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart Disease — 10 yrs.
DUE TO (c) 4200
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 ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 May '48 to 5-14-58 and last saw her/him alive on 5-14-58
Death occurred at 1:30 PM on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: [illegible] (Degree or title) MD 0
22b. ADDRESS: Sikeston Mo
22c. DATE SIGNED: 5-22-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-16-1958
23c. NAME OF CEMETERY OR CREMATORY: Sikeston City
23d. LOCATION (City, town, or county): Sikeston (State): MO

24. FUNERAL DIRECTOR: Webb Funeral Home — ADDRESS: Sikeston Mo
25. DATE RECD. BY LOCAL REG.: 5-24-58
26. REGISTRAR'S SIGNATURE: Mrs Ella Hunter

(Licensed Embalmer's Statement on Reverse Side)

429 0

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

DATE RECEIVED 5-26-58
SCOTT CO. HEALTH DEPT.
CO. FILE No. 558-122

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed Raymond Crews

Licensed Embalmer No. 34

P. O. Address Sikeston

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.