

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-008359
STATE FILE NUMBER

FILED MAR 24 1959 Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Butler		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Butler <i>00710</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Butler memorial Hosp.		Length of stay in lb 1 wk	d. STREET ADDRESS (If outside, give location) 104 East Pine
3. NAME OF DECEASED (Type or print) First Mary Middle Ida Last Chaney		4. DATE OF DEATH Month March Day 13 Year 1959	
5. SEX female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Jul 25 1872
9. AGE (In years less birthday) 86		IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker		10b. KIND OF BUSINESS OR INDUSTRY ?	11. BIRTHPLACE (City and state or country) Bates Co Mo.
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Cyrus Thomas	
13b. MOTHER'S MAIDEN NAME Maggie Stamper		14. NAME OF HUSBAND OR WIFE Geo Chaney	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Florence Chandler Butler Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchitis pneumonia			INTERVAL BETWEEN ONSET AND DEATH 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Fracture of neck of right femur			1 Week
DUE TO (c) Acute enteritis			1 month
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) senility			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 8:30 Month, Day, Year a.m. AM p.m.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from Oct 1957 to 8-13-59 and last saw her alive on 3-12-59 Death occurred at 8:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) R L Hansen M.D.	
22b. ADDRESS Butler Missouri		22c. DATE SIGNED 3-14-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/15/59	23c. NAME OF CEMETERY OR CREMATORY Pariview	23d. LOCATION (City, town, or county) (State) RFD Butler Mo. Bates Co
24. FUNERAL DIRECTOR ADDRESS Culver Underwood Butler Mo.		25. DATE RECD. BY LOCAL REG. March 14-1959	26. REGISTRAR'S SIGNATURE Randall Korum

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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 G. Glendon*

Licensed Embalmer No. *3585*
P. O. Address... *Butler 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.