

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-017344

Registration District No. 149

Primary Registration District No. 1002

Registrar's No. 2508

STATE FILE NUMBER

AMENDED

FILED JUN 5 1961

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>CLAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>NORTH KANSAS CITY</u>	
Length of stay in 1b <u>52 DAYS</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>TRINITY LUTHERAN</u>		d. STREET ADDRESS (If outside, give location) <u>2807 BUCHANAN</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>James Lee</u> Middle <u>Chaney</u> Last <u>Chaney</u>			4. DATE OF DEATH Month <u>MAY</u> Day <u>22</u> Year <u>1961</u>			
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</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>3-14-1903</u>	9. AGE (last birthday) <u>58</u>	IF UNDER 1 YEAR Months <u>5</u> Days <u>22</u> Hours <u>19</u> Min. <u>00</u>	IF UNDER 24 HR Hours <u>19</u> Min. <u>00</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Club Manager N.K.C. Bowl</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Missouri City, Mo</u>		11. BIRTHPLACE (City and state or country) <u>U.S.A</u>		
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13a. FATHER'S NAME <u>Moses Chaney</u>		13b. MOTHER'S MAIDEN NAME <u>Susie E Stephen's</u>		14. NAME OF HUSBAND OR WIFE <u>Virginia E Chaney</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>	17. INFORMANT <u>Mrs. Weston W. George Jr.</u> Address <u>MANITOWOC WIS.</u>
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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>Metastatic Carcinoma of Colon to Liver + Retroperitoneal Nodes</u>		INTERVAL BETWEEN ONSET AND DEATH <u>5 mos.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. • DUE TO (b) <u>Primary of Colon - (operated)</u>		<u>4 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown

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.)
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20c. TIME OF INJURY Hour <u>9:07 AM</u> Month, Day, Year <u>5-22-61</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <u>North Kansas City</u>	COUNTY <u>Clay</u>	STATE <u>MO</u>
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21. I attended the deceased from <u>March 1, 1961</u> <u>5-22-61</u> and last saw him alive on <u>5-21-61</u> Death occurred at <u>9:07 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE (Degree or title) <u>E. Fischer M.D.</u>		22b. ADDRESS <u>306 E 21st NKC MO</u>		22c. DATE SIGNED <u>5/22/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>5-24-1961</u>	23c. NAME OF CEMETERY OR CREMATORY <u>MT. MORIAH Cem</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO</u>	
24. FUNERAL DIRECTOR <u>D.W. Newcomer's N.K.C. MO</u>		25. DATE RECD. BY LOCAL REG. <u>5-22-61</u>	26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>	

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF E. Fischer

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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 V. Herrick  
Licensed Embalmer No. 4848

P. O. Address 1017 1/2 W. 17th St.

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.