

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-036682

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

FILED OCT 23 1961

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Clinton

Length of stay in 1b

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

Watzel Hospital

Inside Limits

Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

Morgan

c. CITY
OR TOWN

Cole Camp

Inside Limits

Yes ☒ No ☐d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)

First

Middle

Last

Rosie

Ellen Chaney

4. DATE
OF DEATH

Month

Day

Year

Oct

16 1961

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

7 Mar 1897

9. AGE (last birthday)

64

IF UNDER 1 YEAR

Months

Days

IF UNDER 24 HR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work done
during most of working life, even if retired)

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Missouri

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Wm Shoemaker

13b. MOTHER'S MAIDEN NAME

Sarah Campbell

14. NAME OF HUSBAND OR WIFE

Henry 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

Henry Chaney Cole Camp 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)

Pulmonary Edema

INTERVAL BETWEEN

ONSET AND DEATH

2 days

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

Myocardial Insufficiency

2 weeks

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Lobar Pneumonia

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes☒ No☐ Unknown19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

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

10- -61 to 10-16-61

and last saw her alive on 10-16-61

Death occurred at

5:40 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Deceased or title)

Clinton L. Gless, D.B.

22b. ADDRESS

Clinton, Mo.

22c. DATE SIGNED

10/17/61

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

18 Oct 1961

23c. NAME OF CEMETERY OR CREMATORY

Glensted cem

23d. LOCATION (City, town, or county)

Cole Camp Mo

24. FUNERAL DIRECTOR

ADDRESS

Kidwell Funeral Home

25. DATE RECD. BY LOCAL REG.

Oct. 28, 1961

26. REGISTRAR'S SIGNATURE

Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

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 _____

R. L. Dunning

Licensed Embalmer No. 4710

P. O. Address Clinton M

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.