

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-010222
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 73 Primary Registration District No. 5291 Registrar's No. 32

FILED MAR 19 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

| | | | |
|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY <u>Clay</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Liberty</u> | | Length of stay in 1b <u>4 Mon.</u> | c. CITY OR TOWN <u>Independence</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>A.O.O.F Hospital</u> | | Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>1546 Willow</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>DOLLIE</u> Middle <u>BYRD.</u> Last <u>Chaney</u> | | | 4. DATE OF DEATH Month <u>March</u> Day <u>10</u> Year <u>1962</u> | | | |
| 5. SEX <u>female</u> | 6. COLOR OR RACE <u>Cauc.</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>July 13, 1893</u> | 9. AGE (last birthday) <u>68</u> | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> | IF UNDER 24 HR Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | 11. BIRTHPLACE (City and state or country) <u>Shell City, Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u> | |
| 13a. FATHER'S NAME <u>George W. Dallas</u> | | 13b. MOTHER'S MAIDEN NAME <u>Bertha Ann Vance</u> | | 14. NAME OF HUSBAND OR WIFE <u>Pharis Chaney</u> | | |

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) <u>No</u> <u>None</u> | | 16. SOCIAL SECURITY NO. <u> </u> | 17. INFORMANT <u>Dennis Chaney (son)</u> | Address <u>10204 Sheley Rd. Indep.</u> | |
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| 18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerosis</u> | | | INTERVAL BETWEEN ONSET AND DEATH <u>2 yr</u> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | DUE TO (b) <u> </u> | | |
| | DUE TO (c) <u> </u> | | |

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| 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 | | |
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| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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> </u> a.m. <u> </u> p.m. <u> </u> Month, Day, Year <u> </u> | | | | | |
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| 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 Jan 62 to 3-11-62 and last saw her alive on 3-10
Death occurred at 11 A m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE <u>Wm H Goddard MD</u> (Degree or title) | 22b. ADDRESS <u>Liberty Mo</u> | 22c. DATE SIGNED <u>3/11/62</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>Mar. 13, 1962</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u> | 23d. LOCATION (City, town, or county) <u>Kansas City, Missouri</u> |
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| 24. FUNERAL DIRECTOR <u>Geo. C. Carson & Sons, Indep. Missouri</u> | 25. DATE RECD. BY LOCAL REG. <u>3-16-62</u> | 26. REGISTRAR'S SIGNATURE <u>Nabel Graham</u> |
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

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 Charles J. Tyb

Licensed Embalmer No. 4534

P. O. Address Liberty MD

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.