

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-030360

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 72 Primary Registration District No. 3013 Registrar's No. 153

DO NOT WRITE ON THIS STUB

AMENDED

**FILED SEP 10 1962**

1. PLACE OF DEATH  
 a. COUNTY Clay  
 b. CITY (If outside corporate limits, give TOWNSHIP only) North Kansas City Length of stay in 1b 2 Days  
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION N.K.C. Memorial Hosp. Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Missouri COUNTY Jackson  
 c. CITY OR TOWN Kansas City Inside Limits Yes  No   
 d. STREET ADDRESS (If outside, give location) 2460 Indiana Avenue Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last  
MABEL (None) CHENEY  
 4. DATE OF DEATH Month Day Year Sept 5, 1962

5. SEX Female 6. COLOR OR RACE Cauc. 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH Oct. 3, 1885 9. AGE (last birthday) 76  
 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 At Home 11. BIRTHPLACE (City and state or country) Kansas City, Kan. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME Richmond J. Hansell 13b. MOTHER'S MAIDEN NAME Elizabeth Lyons 14. NAME OF HUSBAND OR WIFE Edward P. Cheney

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No 16. SOCIAL SECURITY NO. None 17. INFORMANT George Cheney Address 3637 North Grand Kansas City, 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 embolus INTERVAL BETWEEN ONSET AND DEATH 2 wks.  
 DUE TO (b) Phlebothrombosis  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) \_\_\_\_\_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) metastatic carcinoma liver PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. 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 9/4/62 to 9/5/62 and last saw her alive on 9/5/62  
 Death occurred at 10:45 P. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E J Burk MD (Name or title) 22b. ADDRESS 5140 antioch Rd. KS19, Mo. 22c. DATE SIGNED 9/13/62

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 9-8-62 23c. NAME OF CEMETERY OR CREMATORY Mount Moriah Cem. 23d. LOCATION (City, town, or county) Kansas City, Mo. (State)

24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo. ADDRESS 1331 Brush Creek Blvd. 25. DATE RECD. BY LOCAL REG. 9-7-62 26. REGISTRAR'S SIGNATURE Marguerite Hudgum

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

10/5/62

Phlebothrombosis

BY AFFIDAVIT Of attending Physician

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

VS 300 Rev. 4/59  
16004  
23378  
 3  
 4 1  
 5 2  
 6  
 7 1  
 8 1  
 9 495KH  
 10  
 11  
126-0  
132-0

(Licensed Embalmer's Statement on Reverse Side)

SEP 25 1962

ONE TO SEE WHAT TIME

**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 Gene Lawler

Licensed Embalmer No. 4915

P. O. Address K CWO

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.