

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-014102

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 317 Primary Registration District No. 542 Registrar's No. 1066 STATE FILE NUMBER

FILED APR 11 1963

1. PLACE OF DEATH  
 COUNTY St. Louis  
 CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Ferguson Length of stay in 1b 3 Y rs.  
 c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION 255 S. Dellwood Inside Limits Yes  No   
 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
 a. STATE Mo. b. COUNTY St. Louis  
 c. CITY OR TOWN Ferguson Inside Limits Yes  No   
 d. STREET ADDRESS (if outside, give location) 255 S. Dellwood Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last BEULAH CHANEY  
 4. DATE OF DEATH Month Day Year March 28, 1963

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced   
 8. DATE OF BIRTH 9/19/78 9. AGE (last birthday) 84 IF UNDER 1 YEAR IF UNDER 24 HR  
 Months Days 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 Home 11. BIRTHPLACE (City and state or country) Tenn. 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME James Allen 13b. MOTHER'S MAIDEN NAME Sarah Manning 14. NAME OF HUSBAND OR WIFE John A. Chaney (Dec)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of ) No  
 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Address Ferguson, Mo.  
Mrs. Eva Wright, 255 S. Dellwood

18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c).)  
 PART I. DEATH WAS CAUSED BY:  
 IMMEDIATE CAUSE (a) arteriosclerotic heart disease INTERVAL BETWEEN ONSET AND DEATH 1 yr  
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_

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.  
 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 s.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 May 1, 1962 to March 28, 1963 and last saw her alive on March 28, 1963  
 Death occurred at 6:30 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [Signature] 22b. ADDRESS 2100 Harrison St. 22c. DATE SIGNED 3/28-63

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 3/30/63 23c. NAME OF CEMETERY OR CREMATORY Fairview 23d. LOCATION (City, town, or county) (State) Puxico, Missouri.

24. FUNERAL DIRECTOR ADDRESS McLaughlin, 2301 Lafayette Ave. St. Louis 4, Mo. 25. DATE RECD. BY LOCAL REG. 3-28-63 26. REGISTRAR'S SIGNATURE [Signature]

(Licensed Embalmer's Statement on Reverse Side)

VS 300 Rev. 4/59  
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DATE AMENDED  
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 SHOULD READ  
 BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

O. WHITE  
2900 HUDSON DR.  
UN7-3278

**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 \_\_\_\_\_

Licensed Embalmer No. \_\_\_\_\_

P. O. Address \_\_\_\_\_

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.