RI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

60-001273
STATE FILE NUMBER

FILED VS JAN 1 1960 Registration District No. 137 Primary Registration District No. ____ Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY: Henry.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Windsor Mo
Length of stay in 1b: 9 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Windsor Hospital
Inside Limits: Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo
b. COUNTY: Henry.
c. CITY OR TOWN: Calhoun Mo.
Inside Limits: Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location): No street address.
Reside on Farm: Yes ☐ No ☑

3. NAME OF DECEASED (Type or print): First CHARLES Middle LESTER Last CHANEY

4. DATE OF DEATH: Month Jan. Day 3 Year 1960

5. SEX: Male

6. COLOR OR RACE: White

7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐

8. DATE OF BIRTH: Feb 16, 1879

9. AGE (Last birthday): 80
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): School teacher

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Longwood Mo.

12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Henry B. Chaney.

13b. MOTHER'S MAIDEN NAME: Melissa Jobe

14. NAME OF HUSBAND OR WIFE: Minnie Mc Clung.

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.: 499-26-2720

17. INFORMANT: Margaret Shiff Address: Windsor Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Circulatory Collapse — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Uremia — 5 days
DUE TO (c): Cerebral Thrombosis — 6 wks.

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 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 6/25/57 to 1/3/60 and last saw him alive on 1/2/60
Death occurred at 2:10 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): William J. Smith MD

22b. ADDRESS: Windsor Mo.

22c. DATE SIGNED: 1/4/60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Jan 5 1960

23c. NAME OF CEMETERY OR CREMATORY: Laurel Oak Cemetery

23d. LOCATION (City, town, or county) (State): Windsor Mo.

24. FUNERAL DIRECTOR ADDRESS: Ellis M. Huston Windsor Mo

25. DATE RECD. BY LOCAL REG.: Jan. 4, 1960

26. REGISTRAR'S SIGNATURE: Mildred Bigum

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

JAN 1

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Ellis M. Huston

Licensed Embalmer No. 3391

P. O. Address Windsor N

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com
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.