

National Office of Vital Statistics  
FILED AUG 25 1948

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 27364

Registration District No. 390

Primary Registration District No. 4442

Registrar's No.

1. PLACE OF DEATH:

(a) County: Randolph

(b) City or town: Higbee  
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: None  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution: none (Specify whether years, months or days) 38 years (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State: Missouri (b) County: Randolph

(c) City or town: Higbee  
(If outside city or town limits, write "RURAL")

(d) Street No.: none (If rural, give location)

(e) Citizen of foreign country? no (Yes or No)

If yes, name country: \_\_\_\_\_

3. (a) PRINT FULL NAME: DAVID W. CHANEY

3. (b) If veteran, name war: \_\_\_\_\_

3. (c) Social Security No. \_\_\_\_\_

4. Sex: Male

5. Color or race: White

6. (a) Single, widowed, married, divorced: Married

6. (b) Name of husband or wife: Cora Alice Chaney

6. (c) Age of husband or wife if alive: 80 years

7. Birth date of deceased: July 6 - 1875  
(Month) (Day) (Year)

8. AGE: Years: 73 Months: 0 Days: 23  
If less than one day: \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace: Marion Co. Mo.  
(City, town, or county) (State or foreign country)

10. Usual occupation: Sexton Foreman (Retired)

11. Industry or business: M. & J. R.R.

12. Name: William Chaney

13. Birthplace: Indiana  
(City, town, or county) (State or foreign country)

14. Maiden name: Maie Moton

15. Birthplace: Howard Co. Mo.  
(City, town, or county) (State or foreign country)

16. (a) Informant: Mrs. Cora Chaney

(b) Address: Higbee Mission

17. (a) Burial (Burial, cremation, or removal) (b) Date thereon: July 31 - 48  
(Month) (Day) (Year)

(c) Place: burial or cremation: Fayette Mo.

18. (a) Signature of funeral director: Robert W. Winton

(b) Address: Missouri

19. (a) 8-25-48 (Date received local registrar) (b) J. W. Winton M.D. (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month: July day: 29<sup>th</sup> year: 1948 hour: 1 minute: 15 A.M.

21. I hereby certify that I attended the deceased from: June 1 1945, to: July 29 1948  
that I last saw him alive on: July 29 1948; and that death occurred on the date and hour stated above.

Immediate cause of death: Carcinoma of liver Duration: 4 mo.

Due to: \_\_\_\_\_

Due to: \_\_\_\_\_

Other conditions: \_\_\_\_\_ (include pregnancy within 3 months of death)

Major findings: \_\_\_\_\_

Of operations: \_\_\_\_\_

Of autopsy: H&E

PHYSICIAN

Underline the cause of which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify): \_\_\_\_\_

(b) Date of occurrence: \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_ (Specify type of place)

While at work? \_\_\_\_\_ (e) Means of injury: \_\_\_\_\_

23. Signature: Robert W. Winton (M.D.)

Address: Higbee, Mo. Date signed: 7-30-48

MOTHER FATHER



Registration District No. 390

Primary Registration District No. 442

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:

(a) County Randolph  
(b) City or town Highland  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution \_\_\_\_\_ (Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME David W. Chaney

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced M

6. (b) Name of husband or wife \_\_\_\_\_ 6. (c) Age of husband or wife if alive \_\_\_\_\_ years

7. Birth date of deceased July 6 (Month) 1948 (Year)

8. AGE: Years 73 Months \_\_\_\_\_ Days \_\_\_\_\_ (If less than one day, hr. \_\_\_\_\_ min. \_\_\_\_\_)

9. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

10. Usual occupation \_\_\_\_\_

11. Industry or business \_\_\_\_\_

12. Name \_\_\_\_\_

13. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

14. Maiden name \_\_\_\_\_

15. Birthplace \_\_\_\_\_ (City, town, or county) \_\_\_\_\_ (State or foreign country)

16. (a) Informant \_\_\_\_\_

(b) Address \_\_\_\_\_

17. (a) \_\_\_\_\_ (b) Date thereof \_\_\_\_\_ (Month) (Day) (Year)

(c) Place: burial or cremation \_\_\_\_\_

18. (a) Signature of funeral director \_\_\_\_\_

(b) Address \_\_\_\_\_

19. (a) July 31, 1948 (Date received local registrar) (b) J. H. Thim (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State \_\_\_\_\_ (b) County \_\_\_\_\_  
(c) City or town \_\_\_\_\_ (If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? \_\_\_\_\_ (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month \_\_\_\_\_ Year 1948 Hour \_\_\_\_\_ minute \_\_\_\_\_ M.

21. I hereby certify that I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_, 19\_\_\_\_;

that I last saw him \_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;

and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

Duration \_\_\_\_\_

Due to \_\_\_\_\_

Due to \_\_\_\_\_

Other conditions \_\_\_\_\_  
(Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy \_\_\_\_\_

PHYSICIAN \_\_\_\_\_

Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_

(b) Date of occurrence \_\_\_\_\_

(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work \_\_\_\_\_ (Specify type of place) \_\_\_\_\_ (e) Means of injury \_\_\_\_\_

23. Signature J. H. Thim (M. D. of \_\_\_\_\_)

Address Highland, Mo Date signed \_\_\_\_\_

WHILE PLAINLY - USE UNFADING BLACK INK - MAKE A PERMANENT RECORD

SUPPLEMENTARY

S-27364