

FILED JAN 27 1949

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH
State File No. 3710
 BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Scott</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston, Mo.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home - 745 E Gladys St.</u>		d. STREET ADDRESS (If rural, give location) <u>745 E. Gladys St.,</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ethel</u> b. (Middle) <u>Rr</u> c. (Last) <u>Chaney</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan/3/49</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>3/13/1884</u>
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>20</u>	IF UNDER 4 HRS. Hours <u>20</u> Min.
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>- - - -</u>	11. BIRTHPLACE (State or foreign country) <u>Council Bluff, Iowa</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>John Doughtman</u>	
13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Ira Chaney</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>- - - -</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Paul Chaney Fedricktown, Mo.</u>		ADDRESS <u>- - - -</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Maternal of uterus - hysterectomy</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS* Conditions contributing to the death but not related to the disease or condition causing death. <u>174</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <u>July 2, 1947</u> , to <u>Jan 3, 1949</u> , that I last saw the deceased alive on <u>1/31, 1949</u> , and that death occurred at <u>1:34 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>A. D. Maeter</u> (Degree or title) <u>(M.D.)</u>		23b. ADDRESS <u>Sikeston, Mo</u>	
23c. DATE SIGNED <u>1-17-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Jan. 3 '49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Sikeston, Missouri.</u>		DATE REC'D BY LOCAL REG. <u>Jan. 20. 1949</u>	
REGISTRAR'S SIGNATURE <u>Mrs. D. F. Henry</u>		25. EMERAL DIRECTOR'S SIGNATURE <u>Gayle James Home</u>	
ADDRESS <u>303</u>		ADDRESS <u>Sikeston, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Office No. 2,

District File Number 149-20-7

1-24-4

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 _____

J. M. Scott
working under my personal supervision.

Student Embalmer No. 751

Signed *J. M. Scott*
Student Embalmer

Signed *James M. Scott*
Licensed Embalmer No. 4350

P. O. Address East Prairie, Mo.

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 this body is not embalmed, fact should be so stated above.