No. 300
10-48

FILED MAY 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15101

State File No. .....

Dr Kinder

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 145 ~~545~~

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

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cape Girardeau
c. LENGTH OF STAY (in this place): 1 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ~~Mary~~ St Francis Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Stoddard
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Essex. Mo.
d. STREET ADDRESS (If rural, give location): none

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3. NAME OF DECEASED (Type or Print)
a. (First): Mary
b. (Middle):
c. (Last): Chaney

4. DATE OF DEATH (Month) 5 (Day) 8 (Year) 49

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): —
8. DATE OF BIRTH: 5/3/49
9. AGE (In years last birthday): —
IF UNDER 1 YEAR: Months — Days 5
IF UNDER 24 HRS.: Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Inf
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): ~~Cape~~ Essex~~deau~~, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: Robert Chaney
13b. MOTHER'S MAIDEN NAME: Nora Breadlove
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME RH2 **ADDRESS**: Robert ~~Chaney~~ Chaney Essex Mo.

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) PULMONARY EDEMA — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Jaundice - unknown cause — 3 days.
DUE TO (c) ? BILE DUCT ATRESIA — 5 days.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 7852

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: —
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7 May, 1949, *to* 8 May, 1949, *that I last saw the deceased alive on* 8 May, 1949, *and that death occurred at* 6:05 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): James A. Kinder MDU
23b. ADDRESS: Cape Girardeau, Mo.
23c. DATE SIGNED: 16 May '49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5/9/49
24c. NAME OF CEMETERY OR CREMATORY: Taylor, Cem.
24d. LOCATION (City, town, or county) (State): Essex. Mo. R.F.D. Mo.

DATE REC'D BY LOCAL REG.: 5-17-1949
REGISTRAR'S SIGNATURE: C. C. Summerset 44
25. FUNERAL DIRECTOR'S SIGNATURE: Hunter Albritton
ADDRESS: Dexter Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

District Health Officer No. 4

District File Number 549-69

Date Filed 5-23-49

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 Not Embalmed, Student Embalmer No. ..... working under my personal supervision.

Signed John Allerton

Licensed Embalmer No. 2941

P. O. Address Lebanon Mo

Signed .....
Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi the above constitutes grounds for revocation of license.)

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