S. No. 300
v. 10.48

FILED FEB 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3924

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 5134 Registrar's No. 143

0110

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

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington Twn. (Rural)
c. LENGTH OF STAY (in this place): 54 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): R. F. D. # 7, St. Joseph

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Washington Twn. 0110
d. STREET ADDRESS (If rural, give location): R.R. #7 St. Joseph

3. NAME OF DECEASED (Type or Print)
a. (First): FRANCES
b. (Middle): M
c. (Last): CHANCE

4. DATE OF DEATH (Month) Feb. (Day) 2 (Year) 1951

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Feb. 12, 1871
9. AGE (In years last birthday): 79 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House work
10b. KIND OF BUSINESS OR INDUSTRY: Own Home
11. BIRTHPLACE (State or foreign country): Holden, Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Dennis Byrne
13b. MOTHER'S MAIDEN NAME: Movilla Barnes
14. NAME OF HUSBAND OR WIFE: Henry Chance

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mr. Albert Chance - St. Joseph, Mo. ADDRESS

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: 4 days

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) arteriosclerotic Heart — 1 yr
DUE TO (c) arteriosclerosis — unkn

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* abdominal mass - type undetermined — 2 mo

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* May, 1950, *to* 2 Feb, 1951, *that I last saw the deceased alive on* 30 Jan, 1951, *and that death occurred at* 3:40 pm., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Clement C. [illegible] M.D.
23b. ADDRESS: St Joseph Mo
23c. DATE SIGNED: 3 Feb 51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Feb. 5, 1951
24c. NAME OF CEMETERY OR CREMATORY: Ashland Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph, Missouri

DATE REC'D BY LOCAL REG.: Feb 13, 1951
REGISTRAR'S SIGNATURE: Carl C. Castel
25. FUNERAL DIRECTOR'S SIGNATURE: Stamey Funeral Home — ADDRESS: 2335 St. Joseph Ave.

(Licensed Embalmer's Statement on Reverse Side)

FEB 19 1961

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.

Signed Charles M. Hassman

Signed _____
Student Embalmer

Licensed Embalmer No. 4487

P. O. Address St. Joseph

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.