

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38325

FILED NOV 27 1951

BIRTH NO. REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 3052 Registrar's No. 258

1. PLACE OF DEATH a. COUNTY <i>Pettis</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Lander</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Sedalia</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Chimay Springs 0150</i>	
c. LENGTH OF STAY (in this place) <i>5 1/2 mo</i>		d. STREET ADDRESS (If rural, give location) <i>1</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <i>1615-E-5th Street</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Mary</i> b. (Middle) <i>Malvina</i> c. (Last) <i>Chancellor</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Nov 20, 1951</i>		
5. SEX <i>Female</i>	6. COLOR OF RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>	8. DATE OF BIRTH <i>March 20, 1865</i>		9. AGE (In years last birthday) Months Days Hours Min. <i>86 8 0</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>	11. BIRTHPLACE (State or foreign country) <i>Taney Co. Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>

13a. FATHER'S NAME <i>Unknown</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Deceased</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>No</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Alfred Chancellor Sedalia, Mo.</i>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Chronic hypomagnesemia</i>		ANTECEDENT CAUSES			<i>Unknown</i>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>			
		DUE TO (c) <i>generalized arteriosclerosis with myocardial infarction</i>			
		II. OTHER SIGNIFICANT CONDITIONS <i>Tumor right adrenal gland unknown</i>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <i>491X</i>			20. AUTOPSY? YES <input checked="" 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) (Min.)		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 *18 Nov 1951* to *20 Nov 1951*, that I last saw the deceased alive on *18 Nov 1951*, and that death occurred at *12:58 PM*, from the causes and on the date stated above.

23a. SIGNATURE <i>Carl Siegel M.D.</i> (Degree or title)		23b. ADDRESS <i>1216 West 18th St Sedalia Mo</i>		23c. DATE SIGNED <i>20 Nov 51</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>11/23/1951</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Chimay Springs Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Chimay Springs Mo</i>		
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DATE REC'D BY LOCAL REG. <i>11/23/1951</i>	REGISTRAR'S SIGNATURE <i>A. J. Campbell</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Reese Funeral Home, Warsaw Mo.</i>			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

804

RECEIVED NOV 26 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed NOV 26 1951

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.

Student _____

Student Embalmer

Signed *Jack W. Reser* _____

Licensed Embalmer No. 4643

P. O. Address Warsaw

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.