

STANDARD CERTIFICATE OF DEATH

State File No. **1971**

REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **4305** Registrar's No. **14**

6677

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

1. PLACE OF DEATH <b>1952</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>McDonald</b>	a. STATE <b>Missouri</b>	b. COUNTY <b>McDonald</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Anderson</b>	c. LENGTH OF STAY (in this place) <b>82 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Anderson</b>	<b>062-0</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home</b>	d. STREET ADDRESS (If rural, give location) <b>11</b>		

3. NAME OF DECEASED			4. DATE OF DEATH		
a. (First) <b>SUSAN</b>	b. (Middle) <b>ELIZABETH</b>	c. (Last) <b>CHANEY</b>	(Month) <b>2</b>	(Day) <b>- 9</b>	(Year) <b>- 1962</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>widowed</b>	8. DATE OF BIRTH <b>7-8-1866</b>	9. AGE (In years last birthday) <b>85</b>	IF UNDER 1 YEAR: Months <b>6</b> Days <b>25</b> Hours <b>2</b> Min. <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Holt Co. Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		

13a. FATHER'S NAME <b>James L. Denton</b>	13b. MOTHER'S MAIDEN NAME <b>Anna Ann Chucky</b>	14. NAME OF HUSBAND OR WIFE <b>James R. Chaney</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>	16. SOCIAL SECURITY NO. <b>none</b>	17. INFORMANT'S SIGNATURE OR NAME <b>S.C. Chaney</b> ADDRESS <b>Anderson, Mo.</b>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pneumonia (Hypostatic)</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Cerebral Hemorrhage</b>		
	DUE TO (c) <b>Hypertension, Senility</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>331X</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 **1/8/52**, 19**52**, to **2/3/52**, 19**52**, that I last saw the deceased alive on **2/3/52**, 19**52**, and that death occurred at **12:12 P.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>A. B. ...</b> (Degree or title)	23b. ADDRESS <b>Anderson Mo.</b>	23c. DATE SIGNED <b>2/6/52</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>2-5-1962</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Anderson cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Anderson Mo.</b>
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DATE REC'D BY LOCAL REG. <b>2-7-52</b>	REGISTRAR'S SIGNATURE <b>Maya ...</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Tatum Funeral Home Anderson Mo.</b> ADDRESS
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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 me

Student Embalmer No. ✓

working under my personal supervision.

Student ✓ .....  
Student Embalmer

Signed R.E. Cheatham .....

Licensed Embalmer No. 3813 .....

P. O. Address Anderson, 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.