

FILED FEB 27 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

6049

State File No.

0940

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

BIRTH NO. _____		REG. DIST. NO. <u>282</u>		PRIMARY REG. DIST. NO. <u>4424</u>		Registrar's No. <u>19</u>		
1. PLACE OF DEATH a. COUNTY <u>Polk</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Hickory</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HUMANSVILLE</u>			c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pittsburg-Green T.S. 1</u>			0430	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Demitt Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>S. Part of town</u>				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>ROSA</u>	b. (Middle) <u>ANN</u>	c. (Last) <u>CHANEY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 12-1952</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Dec-3-1867</u>		9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>9</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Hickory Co., Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William H. Chaney</u>			13b. MOTHER'S MAIDEN NAME <u>Jane Chatman</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, when war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>R. H. Chaney</u> 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</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>neck fracture of Rt femur</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4222 F</u>						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) 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>1/8/52</u> , 19 <u>52</u> , to <u>1/12</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>1/12</u> , 19 <u>52</u> , and that death occurred at <u>10:45 AM.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>R. H. Chaney</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Humansville, Mo</u>		23c. DATE SIGNED <u>1/16/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-15-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Carl Grove Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Humansville, Mo</u>			
DATE REC'D BY LOCAL REG. <u>Feb 8, 1952</u>		REGISTRAR'S SIGNATURE <u>Ralph Gardner Jewell</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Silbert Kethawa, Wheatland</u> ADDRESS _____				

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 Chas. Gilbert F. Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, Md.

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.