

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **27176**
Registrar's No. **960**

FILED SEP 15 1952

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000**

1. PLACE OF DEATH a. COUNTY Buchanan 0117 4		2. USUAL RESIDENCE (Where deceased lived. In institution: residence before admission) a. STATE Missouri b. COUNTY Nodaway 02140	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hopkins 1	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Idle Hour Nursing Home			

3. NAME OF DECEASED (Type or Print)	a. (First) Mary	b. (Middle) Alice	c. (Last) Chaney	4. DATE OF DEATH (Month) (Day) (Year) 9-8-1952
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5. SEX Female	6. COLOR OF RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed 2	8. DATE OF BIRTH 9-9-1888	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife	10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Marionville - Mo - 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph T. Roberts	13b. MOTHER'S MAIDEN NAME unknown	14. NAME OF HUSBAND OR WIFE Charley N. Chaney - deceased
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) No	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Pauls Walls - Hopkins - Mo -	ADDRESS
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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) Coronary insufficiency		8 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Senescent arterio-sclerosis DUE TO (c)		5 yrs
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 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **7-30**, 19**52**, to **9-8**, 19**52**, that I last saw the deceased alive on **7-30**, 19**52**, and that death occurred at **7A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Philip B. Kelley M.D.	23b. ADDRESS Savannah, Mo	23c. DATE SIGNED 9-8-52
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 9-10-1952	24c. NAME OF CEMETERY OR CREMATORY Oak Hill Cem -	24d. LOCATION (City, town, or county) (State) Marionville - Mo -
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DATE REC'D BY LOCAL REG. Sept 11, 1952	REGISTRAR'S SIGNATURE Carl C. Casper 446	25. FUNERAL DIRECTOR'S SIGNATURE Matthews Marionville Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

12047

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

G M Petersen

Licensed Embalmer No. *2279*

P. O. Address *Maryville 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.