

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30695**

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3005 Registrar's No. 94

071
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>	
c. LENGTH OF STAY (In this place) <u>5 days</u>		d. STREET ADDRESS (If rural, give location) <u>N. Main</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Margaret</u> b. (Middle) <u>Anne</u> c. (Last) <u>Chance</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 22, 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Oct 6, 1932</u>		9. AGE (In years last birthday) <u>19</u>		10. UNDER 1 YEAR Months <u>11</u> Days <u>27</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. HOUSEWIFE	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Tenn.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. HOUSEWIFE		14. NAME OF HUSBAND OR WIFE <u>Albert Chance</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Albert Chance</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. FATHER'S NAME <u>Mr. Guthrie</u>		20. MOTHER'S MAIDEN NAME <u>Unknown</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH <u>10</u>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary heart disease</u>		II. OTHER SIGNIFICANT CONDITIONS			Interval between onset and death <u>10</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			Interval between onset and death <u>10</u>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Toxemia of puerperal</u>			Interval between onset and death <u>10</u>
		DUE TO (c)			Interval between onset and death <u>10</u>
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			Interval between onset and death <u>10</u>

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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 9-19, 1952 to 9-22, 1952 that I last saw the deceased alive on 9-22, 1952, and that death occurred at 9:27 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Hazel M. Underwood</u> (Degree or title)		23b. ADDRESS <u>Butler, Mo.</u>		23c. DATE SIGNED <u>9-23-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Sept 23-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>McEwen Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Butler Tenn.</u>		24e. FUNERAL DIRECTOR'S SIGNATURE <u>Huber-Underwood</u>		24f. ADDRESS <u>Butler</u>	
DATE REC'D BY LOCAL REG. <u>Sept 23-52</u>		REGISTRAR'S SIGNATURE <u>Handell Kray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Huber-Underwood</u>	

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

Robert G. Steinbeck

Licensed Embalmer No. *4657*

P. O. Address *Butte, 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.