S. No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 8 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38885

BIRTH NO. _____ REG. DIST. NO. 139 PRIMARY REG. DIST. NO. 5539 Registrar's No. 76

1. PLACE OF DEATH
a. COUNTY: Holt
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fortescue RURAL MINTON TWP.
c. LENGTH OF STAY (In this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Fortescue, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Holt
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Fortescue RURAL MINTON TWP.
d. STREET ADDRESS (If rural, give location): 0440 0

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): William
c. (Last): Chaney

4. DATE OF DEATH (Month) (Day) (Year): Dec. 2, 1953

5. SEX: Male 0

6. COLOR OR RACE: White

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married 0

8. DATE OF BIRTH: June 17, 1952

9. AGE (In years last birthday): 1
IF UNDER 1 YEAR: Months | Days
IF UNDER 24 HRS.: Hours | Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): None

10b. KIND OF BUSINESS OR INDUSTRY: None

11. BIRTHPLACE (City and State or Foreign Country): Fortescue, Missouri 0

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: John I. Chaney

13b. MOTHER'S MAIDEN NAME: Alwilda E. Combs

14. NAME OF HUSBAND OR WIFE: None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----

16. SOCIAL SECURITY NO.: None

17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: John I. Chaney, Fortescue, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 4 days

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.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION: 491 X

20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 30 53 *to* DEC 2, 1953 *that I last saw the deceased alive on* 12-2, 1953 *and that death occurred at* 6:30 m., *from the causes and on the date stated above.*

23a. SIGNATURE: F E Hogan
(Degree or title): MD 0
23b. ADDRESS: Mound City Mo
23c. DATE SIGNED: 12-4-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12/4/1953
24c. NAME OF CEMETERY OR CREMATORY: Mount Hope Cemetery
24d. LOCATION (City, town, or county) (State): Mound City, Missouri

DATE REC'D BY LOCAL REG.: 12/4/1953
REGISTRAR'S SIGNATURE: James R Crawford 469 0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: James R Crawford Mound City, Mo

(Licensed Embalmer's Statement on Reverse Side)

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 James H. Crawford

Licensed Embalmer No. 4796

P. O. Address Mound City, 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.