

FILED FEB 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **684**

| | | | | | | | |
|---|--|--|---|--|--|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>96</u> | | PRIMARY REG. DIST. NO. <u>4158</u> | | Registrar's No. <u>137</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Dallas</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>Dallas</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Buffalo</u> | | c. LENGTH OF STAY (In this place) <u>2 1/2</u> | | c. CITY OR TOWN <u>Buffalo</u> | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1</u> | | | | e. STREET ADDRESS (If rural, give location) <u>0300</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Joe</u> b. (Middle) <u>W.</u> c. (Last) <u>Chance</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>2-3-1955</u> | | | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | | 8. DATE OF BIRTH <u>April 4, 1908</u> | |
| 9. AGE (In years last birthday) <u>46</u> | | If UNDER 1 YEAR Months <u>9</u> Days <u>29</u> | | If OVER 1 YEAR Hours <u></u> Min. <u></u> | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Buffalo, Mo.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brick Masonry</u> | | | | 10b. KIND OF BUSINESS OR INDUSTRY <u>-</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 13a. FATHER'S NAME <u>Walter Chance</u> | | | 13b. MOTHER'S MAIDEN NAME <u>Hattie McPheters</u> | | 14. NAME OF HUSBAND OR WIFE <u>Edna Chance</u> | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> | | 16. SOCIAL SECURITY NO. <u>W.W.# 500-10-1350</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edna Chance Buffalo, MO</u> | | | |
| 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. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</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. | | | | | INTERVAL BETWEEN ONSET AND DEATH <u>4 hours</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <u>4201</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) | | 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>Feb. 3, 1955</u> , to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>5 P</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>J. D. Hamilton</u> (Degree or title) <u>MD</u> | | | 23b. ADDRESS <u>Buffalo, Mo.</u> | | 23c. DATE SIGNED <u>2-5-55</u> | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | | 24b. DATE <u>2-11-1955</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Payne Cem.</u> | | 24d. LOCATION (City, town, or county) (State) <u>DOLK COUNTY, MO</u> | |
| DATE REC'D BY LOCAL REG. <u>2-9-55</u> | | REGISTRAR'S SIGNATURE <u>Ernest Peterson</u> | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Montgomery Funeral Home Buffalo, Mo.</u> | | |

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

FEB 16 1958

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.....
Signature of Student Embalmer

Signed *Lelyde Montgomery*

Licensed Embalmer No. *359*

P. O. Address *Buffalo,*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.