

FILED JUN 5 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15454

State File No.

BIRTH NO.		REG. DIST. NO. <u>4</u>		PRIMARY REG. DIST. NO. <u>4014</u>		Registrar's No. <u>54</u>	
1. PLACE OF DEATH a. COUNTY <u>Atchison 003.0</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Holt 0440</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fairfax 0</u>		c. LENGTH OF STAY (in this place) <u>24 hrs.</u>		c. CITY OR TOWN <u>Fortescue</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Fairfax Community Hosp.</u>				f. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>ALWILDA</u>		a. (First)		b. (Middle) <u>ELAINE</u>		c. (Last) <u>CHANEY</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>May 26, 1956</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>March 17, 1928</u>		9. AGE (in years last birthday) <u>28</u>		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, or if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>In the home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Port Oregon, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Neal Combs</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Boher</u>		14. NAME OF HUSBAND OR WIFE <u>John I. Chaney</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John I. Chaney, Fortescue, Mo.</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>RUPTURE OF HEART</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 min</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>Pregnant in Active Labor</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>660%</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>Sept 1, 1955</u> , to <u>May 26, 1956</u> , that I last saw the deceased alive on <u>May 26, 1956</u> , and that death occurred at <u>11 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Isaac J. Swearing</u>				23b. ADDRESS <u>M. S. O. Oregon, Mo</u>		23c. DATE SIGNED <u>5-28-56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/30/56</u>		24c. NAME OF CEMETERY, OR CREMATORY <u>Mount Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mound City, Missouri</u>	
DATE REC'D BY LOCAL REP. <u>May 29, 1956</u>		REGISTRAR'S SIGNATURE <u>Therwin J. Schaefer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James Crawford</u> ADDRESS <u>Mound City, Mo.</u>			

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

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 *James Crawford*

Licensed Embalmer No. *475*

P. O. Address *Mound*

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.