

SL 12173

FILED JAN 29 1957

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>ILLINOIS</u> b. COUNTY			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>915 N Grand St. Louis 6 Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY <u>8120</u> OR TOWN <u>JACKSONVILLE</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>V. A. HOSPITAL</u>		Length of stay in lb <u>36 Days</u>		32 ^d . STREET ADDRESS RT #3 (If outside, give location) <u>RT #3</u>	
3. NAME OF DECEASED (Type or print) First <u>FRED</u> Middle <u>F.</u> Last <u>CHANEY</u>			4. DATE OF DEATH Month <u>1</u> Day <u>11</u> Year <u>57</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>11/12/95</u>	9. AGE (In years last birthday) <u>61 yrs.</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, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>		11. BIRTHPLACE (City and state or country) <u>Hamlin Co., Tennessee</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			13. FATHER'S NAME <u>Joseph Chaney</u>		
14. MOTHER'S MAIDEN NAME <u>Unknown</u>			15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW-1</u>		
16. SOCIAL SECURITY NO. <u>328-16-9400</u>			17. INFORMANT Address <u>V. A. HOSPITAL RECORDS ST LOUIS 6 MO</u>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pulmonary Tuberculosis;</u> <u>Following injuries suffered in</u> <u>auto accident in vicinity of</u> <u>Jacksonville, Illinois, 8254</u> <u>33</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (b) _____					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (a) _____ DUE TO _____					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. MODE OF DEATH <u>Open Verdict</u>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>December 1956. Exact time, place and manner of same could not be determined</u>			
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. <u>12 ? 56</u>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>32</u>	
20f. CITY, TOWN, OR LOCATION <u>8120</u>		COUNTY _____ STATE _____			
21. I attended the deceased from <u>12/6/56</u> to <u>1/11/57</u> and last saw <u>him</u> alive on <u>1/11/57</u> Death occurred at <u>11:40 a.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Patrick F. Taylor Coroner</u>			22b. ADDRESS <u>1300 Clark</u>		22c. DATE SIGNED <u>1. 17. 57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>1/13/57</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Jacksonville, Illinois</u>		23d. LOCATION (City, town, or county) (State) <u>Jacksonville, Illinois</u>
24. FUNERAL DIRECTOR <u>Edward Fendler Mortuary 5611 S Grand Blvd.</u>		ADDRESS		25. DATE RECD. BY LOCAL REG. <u>JAN 14 '57</u>	26. REGISTRAR'S SIGNATURE <u>J. Earl Smith, M.D.</u> <u>M. J. B.</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms with or without diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

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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 *Harry J. Schumacher*
Licensed Embalmer No. 86

P. O. Address 5611 S. ...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.