

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004987
STATE FILE NUMBER

16/8 FILED MAR 9 1959 Registration District No. 098 Primary Registration District No. Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <i>Davies</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Davies</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Gallatin</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Jamesport</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Cox Rest Home</i>			Length of stay in 1b <i>2 months</i>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <i>Mary Polene CHANEY</i>				4. DATE OF DEATH <i>Feb 15 1959</i>		5. SEX <i>Female</i>	
6. COLOR OR RACE <i>Cau</i>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>Apr 20 1876</i>		9. AGE (In years last birthday) <i>83</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Housewife</i>		11. BIRTHPLACE (City and state or country) <i>Livingston Co, Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U-S-</i>	
13. FATHER'S NAME <i>Nelson Ericson</i>				14. MOTHER'S MAIDEN NAME <i>Ellen Duckworth</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>-</i>		17. INFORMANT <i>Herman Chaney</i> Address <i>Jamesport Mo</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiovascular renal disease</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>Fracture of left hip 3 weeks ago</i> DUE TO (c) <i>arterial sclerosis</i>						INTERVAL BETWEEN ONSET AND DEATH <i>5 yrs</i> <i>3 mos</i>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour <i>-</i> Month, Day, Year a. m. <i>-</i> p. m. <i>-</i>							
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>June 19</i> to <i>Feb 15</i> and last saw her alive on <i>Jan 15</i> Death occurred at <i>11:30</i> A. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>H. Bailey</i> (Degree or title) <i>2</i>				22b. ADDRESS <i>Galatin Mo</i>		22c. DATE SIGNED <i>2-20-59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>19 Feb. 1959</i>		23c. NAME OF CEMETERY OR CREMATORY <i>Methodist</i>		23d. LOCATION (City, town, or county) (State) <i>Jamesport Mo.</i>	
24. FUNERAL DIRECTOR <i>H. Anderson</i> ADDRESS <i>Jamesport Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>2 March 1959</i>		26. REGISTRAR'S SIGNATURE <i>Wesley E. Englehart</i>		

Health, Welfare, Public Service
300-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
Director, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. "All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes."
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 Harvey Allen Roberson, Student Embalmer No. 56
working under my personal supervision..

Student Harvey A. Roberson
Signature of Student Embalmer

Signed J. L. Roberson

Licensed Embalmer No. 32

P. O. Address Forest

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.