

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012042
State File No.

FILED MAR 26 1959

BIRTH NO.

REG. DIST. NO. 356 PRIMARY REG. DIST. NO. 4521 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY Texas		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) Houston		c. CITY OR TOWN Willow Springs	
c. LENGTH OF STAY (in this place)		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 Memorial		e. STREET ADDRESS (If rural, give location) Gen. Delivery	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Henry c. (Last) CHANEY, Jr.			4. DATE OF DEATH (Month) (Day) (Year) March 11, 1959		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	
8. DATE OF BIRTH Sept. 12, 1953		9. AGE (In years last birthday) 4		10. IF UNDER 1 YEAR (Months) (Days) (Hours) (Min.) 5 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and State or Foreign Country) Willow Springs, Mo.	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME James H. Chaney		13b. MOTHER'S MAIDEN NAME Nancy Pruitt		14. NAME OF HUSBAND OR WIFE - - -	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME J.H.Chaney, Willow Springs, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) measles measles			INTERVAL BETWEEN ONSET AND DEATH 10 da
ANTECEDENT CAUSES Morbidity 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			20. AUTOPSY? 2 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) 0850	
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 Feb. 24, 1959, to 3/11/59, that I last saw the deceased alive on 3-11, 1959 and that death occurred at 6 PM m., from the causes and on the date stated above.					
23a. SIGNATURE David G. Wilton M.D.			23b. ADDRESS Cabool Mo		23c. DATE SIGNED 3-14-59
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3/14/59.	24c. NAME OF CEMETERY OR CREMATORY City		24d. LOCATION (City, town, or county) (State) Willow Springs, Mo.

DATE REC'D BY LOCAL REG. 3-18-59		REGISTRAR'S SIGNATURE Myrtle Craig		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Burns, Willow Springs, Mo.	
----------------------------------	--	------------------------------------	--	---	--

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..... T. R. Burns.....

Licensed Embalmer No... 4214

P. O. Address Willow Spring

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.