URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-022090

STATE FILE NUMBER

FILED JUL 7 1959

Registration District No. 184 Primary Registration District No. 3038 Registrar's No. 67

NDED

1. PLACE OF DEATH
a. COUNTY Linn
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brookfield — Length of stay in 1b 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION McLarney Hospital — Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Linn
c. CITY OR TOWN Brookfield — Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 511 West Helm — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Middle Last: Treasure M. Chaney

4. DATE OF DEATH Month Day Year: July 2, 1959

5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH: 10/3/1884
9. AGE (last birthday): 74 — IF UNDER 1 YEAR Months 8 Days 30 — IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Proprietor
10b. KIND OF BUSINESS OR INDUSTRY: Grocery Store
11. BIRTHPLACE (City and state or country): Purdin, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: Dave Chaney
13b. MOTHER'S MAIDEN NAME: Sally Ann Toler
14. NAME OF HUSBAND OR WIFE: Rachael Chaney (deceased)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.: none
17. INFORMANT Address: B.D. Stoneburner, Brookfield, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Coronary Occlusion	12 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary Sclerosis	2 years
DUE TO (c)	Generalized Arteriosclerosis	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): None.

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) —
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year —
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 9/29/56, to 7/2/59 and last saw her/him alive on 7/2/59.
Death occurred at 5:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): R. V. Bohrsod M.D.
22b. ADDRESS: 3.4 N. Main Brookfield Mo
22c. DATE SIGNED: 7/2/59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: July 4, 1959
23c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
23d. LOCATION (City, town, or county) (State): Brookfield, Mo.

24. FUNERAL DIRECTOR ADDRESS: Hill Funeral Home, Brookfield Mo
25. DATE RECD. BY LOCAL REG.: 7-3-59
26. REGISTRAR'S SIGNATURE: W B Erwin

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

DOCUMENT

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Gerald I Wade

Licensed Embalmer No. 4172

P. O. Address Brown

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