

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-021210
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3028

<p>1. PLACE OF DEATH a. COUNTY JACKSON</p>		<p>2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY JACKSON</p>	
<p>b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY <i>12 yrs. 20 days</i></p>		<p>c. CITY OR TOWN KANSAS CITY Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>	
<p>c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lakeside Osteopathic Hosp. Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/></p>		<p>d. STREET ADDRESS (If outside, give location) 2716 E 81st St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/></p>	
<p>3. NAME OF DECEASED (Type or print) First Middle Last Stella Rachel Chaney</p>			<p>4. DATE OF DEATH Month Day Year 6 16 61</p>
<p>5. SEX Female</p>	<p>6. COLOR OR RACE White</p>	<p>7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/></p>	<p>8. DATE OF BIRTH 10-28-06</p>
<p>9. AGE (last birthday) 54</p>		<p>IF UNDER 1 YEAR Months Days</p>	<p>IF UNDER 24 HR Hours Min.</p>
<p>10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Factory</p>		<p>10b. KIND OF BUSINESS OR INDUSTRY Bendix</p>	<p>11. BIRTHPLACE (City and state or country) Vandalia, Mo.</p>
<p>12. CITIZEN OF WHAT COUNTRY U. S. A.</p>		<p>13a. FATHER'S NAME Louis Fritch</p>	
<p>13b. MOTHER'S MAIDEN NAME Stella Williams</p>		<p>14. NAME OF HUSBAND OR WIFE Wm. Chaney</p>	
<p>15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of serv) No</p>		<p>16. SOCIAL SECURITY NO. Wm. Chaney</p>	
<p>17. INFORMANT Address 2716 E 81st St.</p>		<p>18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:</p>	
<p>IMMEDIATE CAUSE (a) Pulmonary edema</p>		<p>INTERVAL BETWEEN ONSET AND DEATH 2 days</p>	
<p>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized metastatic Carcinoma</p>		<p>2-3 yrs.</p>	
<p>DUE TO (c) Carcinoma of left breast</p>		<p>4 yrs.</p>	
<p>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)</p>			<p>PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown</p>
<p>19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/></p>	<p>20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/></p>	<p>20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)</p>	
<p>20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year</p>		<p>20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/></p>	
<p>20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)</p>		<p>20f. CITY, TOWN, OR LOCATION COUNTY STATE</p>	
<p>21. I attended the deceased from 10/22/55 to 6/16/61 and last saw her alive on 6/16/61 Death occurred at 2:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.</p>			
<p>22a. SIGNATURE (Degree or title) M. R. Lippman, D.O.</p>		<p>22b. ADDRESS 9140 E. 50th Hwy KC 33, Mo</p>	<p>22c. DATE SIGNED 6/17/61</p>
<p>23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL</p>	<p>23b. DATE 6-19-61</p>	<p>23c. NAME OF CEMETERY OR CREMATORY VANDALIA CEM.</p>	<p>23d. LOCATION (City, town, or county) (State) VANDALIA Mo.</p>
<p>24. FUNERAL DIRECTOR ADDRESS Hinton Funeral Home Raytown, Mo. 6-17-61</p>		<p>25. DATE RECD. BY LOCAL REG. 6-17-61</p>	<p>26. REGISTRAR'S SIGNATURE Ruth Long</p>

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF M. R. Lippman

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 John R. Edmon

Licensed Embalmer No. 4531

P. O. Address Kansas City,

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.