

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-040576

STATE FILE NUMBER

Registration District No. 100 Primary Registration District No. \_\_\_\_\_ Registrar's No. 116

AMENDED

FILED NOV 30 1961

1. PLACE OF DEATH a. COUNTY <b>Dent County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Dent</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Gladden TWP</b>		Length of stay in lb <b>5 yr</b>	c. CITY OR TOWN <b>Jadwin, Missouri</b>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Gladden TWP, Jadwin, Mo.</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>Jadwin, Missouri</b>
		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First **Nancy Jane** Middle **Chase** Last \_\_\_\_\_ 4. DATE OF DEATH Month **Nov.** Day **25** Year **1961**

5. SEX **Female** 6. COLOR OR RACE **White** 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH **Oct. 16, 1868** 9. AGE (last birthday) **93**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **House wife** 10b. KIND OF BUSINESS OR INDUSTRY **Housekeeping** 11. BIRTHPLACE (City and state or country) **Troy Kansas** 12. CITIZEN OF WHAT COUNTRY **U. S. A.**

13a. FATHER'S NAME **W. T. Woods** 13b. MOTHER'S MAIDEN NAME **Abbie Wood** 14. NAME OF HUSBAND OR WIFE **Frank Chase**

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. **X C** 17. INFORMANT **Charles Chase** Address **Jadwin, Missouri**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) **acute coronary occlusion**  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) **Coronary Atherosclerosis**  
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) **BRONCHOPNEUMONIA (Recent)**  
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 **1960** to **1961** and last saw her **alive on 1961 (April)**  
Death occurred at **8 P M** on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **B. J. Bass MD** 22b. ADDRESS **Salem, Mo.** 22c. DATE SIGNED **11/27/61**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **Nov. 29, 1961** 23c. NAME OF CEMETERY OR CREMATORY **Troy Cemetery** 23d. LOCATION (City, town, or county) (State) **Troy, Kansas**

24. FUNERAL DIRECTOR ADDRESS **SPENCER FUNERAL HOME INC. SALEM, MO. 11/27/61** 25. DATE RECD. BY LOCAL REG. **11/27/61** 26. REGISTRAR'S SIGNATURE **M. M. Clark M.D. by**

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

**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 \_\_\_\_\_

Licensed Embalmer No. 37

P. O. Address Salem

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.