

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-009734

STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 541 Registrar's No. 625

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 5 1963		1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>ST. L. Co. HOSPITAL</u>		b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>CLAYTON, MO</u>		c. CITY OR TOWN <u>KIRKWOOD, MO</u>	
Length of stay in 1b <u>2 MO</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>ST. L. Co. HOSPITAL</u>		d. STREET ADDRESS (If outside, give location) <u>418 W JEFFERSON</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>Dora Chaney</u>			4. DATE OF DEATH Month Day Year <u>2 19 63</u>		
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-6-1899</u>	9. AGE (last birthday) <u>63</u>	IF UNDER 1 YEAR IF UNDER 24 HR
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and state of country) <u>FULTON, MO</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.A</u>		13a. FATHER'S NAME <u>TOM BROWN</u>		13b. MOTHER'S MAIDEN NAME <u>JANETT PEETTY</u>	
14. NAME OF HUSBAND OR WIFE <u>CLAY CHANEY</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		16. SOCIAL SECURITY NO. <u>3</u>	
17. INFORMANT Address <u>3 CLAY CHANEY - 418 W JEFFERSON</u>		18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u>		DUE TO (b) <u>Cerebral Arteriosclerosis</u>			
DUE TO (c) <u>Generalized Arteriosclerosis</u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 a.m. p.m. Month, Day, Year					
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 <u>2-18-63</u> to <u>2-19-63</u> and last saw her/him live on <u>2-19-63</u> . Death occurred at <u>2:45</u> p.m. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>H. R. Gilbert M.D.</u> (Degree or title)		22b. ADDRESS <u>601 So. Brentwood - Clayton, MO</u>		22c. DATE SIGNED <u>2/20/63</u> (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>2-25-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>FR. DICKSON</u>		23d. LOCATION (City, town or county) <u>CRESTWOOD MO</u>	
24. FUNERAL DIRECTOR ADDRESS <u>JOHN W HEMPHILL 408 80 FILLMORE</u>		25. DATE RECD. BY LOCAL REG. <u>2-25-63</u>		26. REGISTRAR'S SIGNATURE <u>John E. Murphy M.D.</u>	

VS 300 Rev. 4/59

DATE AMENDED

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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT BY AFFIDAVIT OF

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

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 Jeffrey E. Cooper

Licensed Embalmer No. 4600

P. O. Address 4648 St. Ferdinand

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.