

FILED JUL 26 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24402

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 297 PRIMARY REG. DIST. NO. 3057 Registrar's No. 35

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <b>Ray</b>	a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>Richmond</b>	c. LENGTH OF STAY (in this place) <b>30 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Richmond</b> <b>0891</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>EDWARD</b>	b. (Middle) <b>WALTER</b>	c. (Last) <b>CHANEY</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>June 28, 1950</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Feb. 14, 1868</b>	9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours Min. <b>82</b> <b>4</b> <b>15</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired coal miner</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Coal mining</b>	11. BIRTHPLACE (State or foreign country) <b>Clark, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Joseph Chaney</b>	13b. MOTHER'S MAIDEN NAME <b>Mary (Unknown) Chaney</b>	14. NAME OF HUSBAND OR WIFE <b>Margaret Massey</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Walter T. Chaney, Kennett, Missouri</b>

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Acute Dilatation</b>		<b>Inst.</b>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <b>Carcinoma of Rectum</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (c) _____	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 June 1, 1950 to June 28, 1950 and that I last saw the deceased alive on June 28, 1950 and that death occurred at 11:50 p.m., from the causes and on the date stated above.

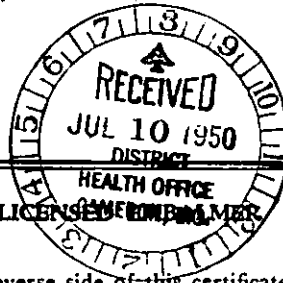
23a. SIGNATURE (Degree or title) <b>W. T. Chaney M.D.</b>	23b. ADDRESS <b>Richmond</b>	23c. DATE SIGNED <b>7-1-50</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>July 1, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>
24d. LOCATION (City, town, or county) (State) <b>Richmond, Missouri</b>		

DATE REC'D BY LOCAL REG. <b>July 1-1950</b>	REGISTRAR'S SIGNATURE <b>Michael Jackson</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Thurman Funeral Home Richmond, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48



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, Tom L. Thurman

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed Tom L. Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, Mo.

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 this body is not embalmed, fact should be so stated above.