DEATH 6/11/96 08:51 am NCR: 03 TRAN: 1208 CERT: 9009014509 NAME: CHANCY
** PRIORITY **

2085681

90 SEP 10 AM 11:26

90-014509

KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT
Office of Vital Statistics

Vol. m96 Page 18781

CERTIFICATE OF DEATH

ATC #03144712

'96 JUN 24 P3:45

STATE FILE NUMBER

Field	Entry
1. Decedent's Name (First, Middle, Last)	ROY OLIVER CHANCY
2. Sex	M
3. Date of Death (Mo., Day, Yr.)	Sep. 4, 1990
4. Social Security Number	509-14-1232
5a. Age—Last Birthday (Yrs.)	79
5b. Under 1 Year (Months / Days)	
5c. Under 1 Day (Hours / Minutes)	
6. Date of Birth (Mo., Day, Yr.)	Dec. 16, 1910
7. Birthplace (City and State or Foreign Country)	Delphos, Kansa
8. Was Decedent Ever in U.S. Armed Forces?	[ ] Yes [X] No
9a. Place of Death (Check only one)	Hospital: [ ] Inpatient [ ] ER/Outpatient [ ] DOA; Other: [ ] Nursing Home [X] Residence [ ] Other (Specify)
9b. Facility Name (If not institution, give street and number)	202 E. Third
9c. City, Town, or Location of Death	Delphos
9d. County of Death	Ottawa
10. Marital Status	[X] Married [ ] Never Married [ ] Widowed [ ] Divorced
11. Surviving Spouse (If wife, give maiden name)	Wilma Lucille Phillips
12a. Decedent's Usual Occupation (Give kind of work done during most of working life. Do not use retired.)	Aircraft Electrician
12b. Kind of Business/Industry (Do not give name of company)	Aircraft Service
13a. Residence—State	Kansas
13b. County	Ottawa
13c. City, Town, or Location and Zip Code	Delphos 67436
13d. Street and Number	202 E. Third
13e. Inside City Limits	XX Yes [ ] No
14. Ancestry—(Cuban, Mexican, Puerto Rican, Vietnamese, Hmong, English, German, etc.) (Specify)	American
15. Race—(Native American, Black, White, etc.) (Specify)	White
16. Decedent's Education (Specify only highest grade completed) Elementary/Secondary (0-12) / College (1-4 or 5+)	12 /
17. Father's Name (First, Middle, Last)	Francis Morris Chancy
18. Mother's Name (First, Middle, Maiden Surname)	Cora Alice Davis
19a. Informant's Name (Type)	Wilma L. Chancy
19b. Mailing Address (Street and Number, or Rural Route, City or Town, State, Zip Code)	202 E. Third, Delphos, Kansas 67436
20a. Method of Disposition	[ ] Burial XX Cremation [ ] Removal from State [ ] Donation [ ] Other (Specify)
20b. Place of Disposition (Name of cemetery, crematory, or other place)	Ryan Crematory
20c. Location—City or Town, State	Salina, Kansas
21a. Funeral Service Licensee & License No. (Signature)	[signature], 1660
21b. Name of Embalmer & License No.	J. Bruce Shields, 2665
22. Name and Address of Firm	Shields Funeral Home, Inc., 405 Argyle, Minneapolis, Kansas 67467

To be Completed by CERTIFYING PHYSICIAN Only

23a. To the best of my knowledge, death occurred at the time, date and place, and due to the cause(s) and manner as stated.

(Signature and Title) X [signature]

Field	Entry
23b. Date Signed (Mo., Day, Yr.)	9-6-90
23c. Time of Death	6:30 A. M.
23d. Name of Attending Physician if Other Than Certifier (Type or Print)	

To be Completed by CORONER Only

24a. On the basis of examination and/or investigation, in my opinion death occurred at the time, date and place, and due to the cause(s) and manner as stated.

(Signature and Title) X

Field	Entry
24b. Date Signed (Mo., Day, Yr.)	
24c. Time of Death	
24d. Pronounced Dead (Mo., Day, Yr.)	
24e. Pronounced Dead (Hour)	

25. Name and Address of Certifier (Physician or Coroner) (Type or Print): Kenneth D Wedel M.D. 311 N Mill, Minneapolis, KS 67467

26. PART I. Enter the diseases, injuries, or complications that caused the death. Do not enter the mode of dying, such as cardiac or respiratory arrest, shock, or heart failure. List only one cause on each line.

	Cause	Interval Between Onset and Death
Immediate Cause (Final disease or condition resulting in death) a.	arrythm.	Unk
Due to (or as a consequence of): b.	acute myocardial infarct	Unk
Due to (or as a consequence of): c.	coronary artery disease	years
Due to (or as a consequence of): d.		

Sequentially list conditions, if any, leading to immediate cause. Enter UNDERLYING CAUSE (Disease or injury that initiated events resulting in death) LAST

PART II. Other significant conditions contributing to death but not resulting in the underlying cause given in Part I.: obesity [illegible] Diabetes mellitus

Field	Entry
27a. Autopsy	[ ] Yes [X] No
27b. If Yes, Were Findings Considered in Determining Cause of Death	[ ] Yes [ ] No
28. Was Case Referred to Coroner	[ ] Yes [X] No
29. Manner of Death	[X] Natural [ ] Accident [ ] Suicide [ ] Homicide [ ] Pending Investigation [ ] Could not be determined
30a. Date of Injury (Mo., Day, Yr.)	
30b. Time of Injury	A.M. P.M.
30c. Injury at Work	[ ] Yes [ ] No
30d. Describe How Injury Occurred	
30e. Place of Injury—Own home, other residence, farm, street, factory, office building, etc. (Specify)	
30f. Location (Street and Number or Rural Route, City or Town, State)	

18780S

CERTIFICATE OF DEATH

JUN 11 1996

NOT VALID IF COPIED
THIS IS A COPY OF THE ORIGINAL CERTIFICATE
CERTIFIED THIS DATE AT TOPEKA, KANSAS

OFFICE OF VITAL STATISTICS
KANSAS DEPARTMENT OF HEALTH AND ENVIRONMENT

STATE OF OREGON: COUNTY OF KLAMATH : ss.

Filed for record at request of Aspen Title & Escrow the 24th day of June A.D., 19 96 at 3:45 o'clock P M., and duly recorded in Vol. M96 of Deeds on Page 18781.

Bernetha G. Letsch, County Clerk

By

FEE $15.00