

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11261

State File No.

Registrar's No. 65

FILED APR 7 1948

Registration District No. 360

Primary Registration District No. 3076

1. PLACE OF DEATH:

(a) County VERNON  
(b) City or town NEVADA MO  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
NEVADA CITY HOSPITAL  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution 24 hrs  
(Specify whether  
In this community ✓  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State MISSOURI (b) County VERNON 108  
(c) City or town NEVADA (HOSPITAL)  
(If outside city or town limits, write "RURAL")  
(d) Street No. 2  
(If rural, give location)  
(e) Citizen of foreign country? NO (Yes or No)  
If yes, name country

3. (a) PRINT FULL NAME JOHNNY LEE CHADD

3. (b) If veteran, name war ✓ 3. (c) Social Security No. ✓

4. Sex MALE 5. Color or race WHITE 6. (a) Single, widowed, married; divorced ✓

6. (b) Name of husband or wife ✓ 6. (c) Age of husband or wife if alive ✓ years

7. Birth date of deceased MARCH 27 1948  
(Month) (Day) (Year)

8. AGE: Years Months Days If less than one day  
✓ ✓ ✓ 24 hr. min.

9. Birthplace NEVADA MISSOURI  
(City, town, or county) (State or foreign country)

10. Usual occupation INFANT

11. Industry or business ✓

MOTHER FATHER  
12. Name JOHN W CHADD  
13. Birthplace MILO MISSOURI  
(City, town, or county) (State or foreign country)  
14. Maiden name MARGARET BAKER  
15. Birthplace NEVADA MISSOURI  
(City, town, or county) (State or foreign country)

16. (a) Informant JOHN W CHADD

(b) Address SHELDON MO

17. (a) REMOVAL (b) Date thereof MARCH 28 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation OLIVE BRANCH CEMETERY

18. (a) Signature of funeral director S. Bernard Berry

(b) Address Sheldon, Mo

19. (a) 4-2-48 (b) Wathyn Yancy  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month MARCH day 28  
year 1948 hour 11 minute 30 PM

21. I hereby certify that I attended the deceased from MARCH 28 1948  
28 1948 to MARCH 28 1948  
that I last saw him alive on MARCH 28 1948  
and that death occurred on the date and hour stated above.

Immediate cause of death  
Respiratory Failure  
Premature  
Due to Maternal toxemia of  
PREGNANCY

Duration since birth 6 mths

Due to Birth Cesarean Section 1 month  
before term  
Other conditions (Include pregnancy within 3 months of death)

Major findings:  
Of operations ✓  
Of autopsy ✓  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place)  
(e) Means of injury ✓

23. Signature Wm Hadden MD (or other)  
Address Neosho, Mo Date signed 3/29/48

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

108  
1  
2

RECEIVED

District Health Officer No. 7,

District File Number 3-48-346

Date Filed 4-6-48

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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.....

*Body was not Embalmed*....., Registered Apprentice No.....  
working under my personal supervision.

Signed *S. Bernard Perry*.....

Licensed Embalmer No. *4161*.....

P. O. Address *Sheldon, 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.