

V. S. No. 2  
FORM—8-43  
Rev. 5-17-39  
X37823

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

THE STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File **18828**

FILED JUN 22 1948

Registration District No. **47**

Primary Registration District No. **3008**

Registrar's No. **186**

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

1. PLACE OF DEATH:

(a) County **Callaway**  
(b) City or town **Fulton, Mo**  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: **State Hosp No 1 2**  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution **2 1/2 mo**  
(Specify whether years, months or days)  
In this community **2 1/2 mo**

3. (a) PRINT FULL NAME **Lizzette Chase**

3. (b) If veteran, name war: \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex **F** 5. Color of hair **brn** 6. (a) Single, widowed, married, divorced **Married**

6. (b) Name of husband or wife **S. D. Chase** 6. (c) Age of husband or wife if alive **23** years 1865

7. Birth date of deceased: **July** (Month) **23** (Day) **1865** (Year)

8. AGE: Years **82** Months **10** Days **22** If less than one day hr. \_\_\_\_\_ min. \_\_\_\_\_

9. Birthplace **Mo (Jonesburg)** (City, town, or county) (State or foreign country)

10. Usual occupation **Housewife**

11. Industry or business \_\_\_\_\_

12. Name **Ned Wilson**

13. Birthplace **Kv** (City, town, or county) (State or foreign country)

14. Maiden name **Lizzette Hunespaer**

15. Birthplace \_\_\_\_\_ (City, town, or county) (State or foreign country)

16. (a) Informant **Records of hospital**

(b) Address \_\_\_\_\_

17. (a) **Burial** (b) Date thereof **6-17-48** (Month) (Day) (Year)

(c) Place: burial or cremation **St. Michaels, Mo**

18. (a) Signature of funeral director **Richard Butler**

(b) Address **St. Michaels, Mo**

19. (a) **6-15-1948** (Date received local registrar) (b) **Joan M. [Signature]** (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State **Mo** (b) County **Montgomery**  
(c) City or town **Milledale**  
(If outside city or town limits, write "RURAL")  
(d) Street No. \_\_\_\_\_ (If rural, give location)  
(e) Citizen of foreign country? **No** (Yes or No)  
If yes, name country \_\_\_\_\_

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month **June** day **15** year **1948** hour **5** minute **A** M.

21. I hereby certify that I attended the deceased from **6-15-48**, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;

that I last saw her alive on **June 14, 1948**, 19\_\_\_\_;

and that death occurred on the date and hour stated above.

Immediate cause of death **Senile Psychosis** Duration \_\_\_\_\_

Due to **Atherosclerosis**

Due to \_\_\_\_\_

Other conditions: \_\_\_\_\_ (Include pregnancy within 3 months of death)

Major findings: Of operations \_\_\_\_\_

Of autopsy **None**

PHYSICIAN

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) (c) Means of injury \_\_\_\_\_

23. Signature **J. G. Miller** (M. D. or other)

Address **Fulton, Mo** Date signed **6/15/48**

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Date Filed JUN 21 1948  
District File Number

District Health Officer No. 9,  
RECEIVED

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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed *J. H. Butler*

Licensed Embalmer No. *4447*

P. O. Address *Bowling Green, W.*

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.