

FILED FEB 11 1949

STANDARD CERTIFICATE OF DEATH

State File No. **699**

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY COOPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MISSOURI b. COUNTY COOPER	
b. CITY (If outside corporate limits, write RURAL and give township) BOONVILLE		c. CITY (If outside corporate limits, write RURAL and give township) BOONVILLE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH'S HOSPITAL		d. STREET ADDRESS (If rural, give location) 201 WEST SPRING	
3. NAME OF DECEASED (Type or Print) MARY CAROLINE CHASE			4. DATE OF DEATH (Month) (Day) (Year) JAN. 9 - 1949
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH SEPT. 14 - 1867
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	9. AGE (In years last birthday) 81 If UNDER 1 YEAR: Months Days If UNDER 24 HRS.: Hours Min.
11a. FATHER'S NAME ANTON BACH		11b. MOTHER'S MAIDEN NAME UNKNOWN	11. BIRTHPLACE (State or foreign country) PLEASANT GREEN - MO. 0
12. CITIZEN OF WHAT COUNTRY? USA		14. NAME OF HUSBAND OR WIFE ED. CHASE (DECEASED)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS LORA SMITH - BELLE AIRE-MO.
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)		CARDIAC FAILURE, ACUTE	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) MALNUTRITION, ACUTE MARKED	
		DUE TO (c) PLEURAL EFFUSION, B. L. SIDE	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		none	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) m.	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 <u>JAN 7</u> , 19 <u>49</u> , to <u>JAN 9</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>JAN 9</u> , 19 <u>49</u> , and that death occurred at <u>5:40 A.M.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) E. T. Humphreys M.D. 0		23b. ADDRESS Pilot Grove, Mo	23c. DATE SIGNED JAN. 10, 1949
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 1/11/49	24c. NAME OF CEMETERY OR CREMATORY NELSON - MO.	24d. LOCATION (City, town, or county) (State) NELSON - MO.
DATE REC'D BY LOCAL REG. Jan 11/49	REGISTRAR'S SIGNATURE D. Hoopner 381	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS James W. Stegner - Boonville Mo	

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 2-10-49

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No. _____

Signed: *James W. Stegner*

Licensed Embalmer No. 3780

P. O. Address Boonville, 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.