

FILED MAR 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4624

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 546-1 Registrar's No. 177-A

1. PLACE OF DEATH a. COUNTY <u>Green</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Green</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Washington Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Washington Township</u>	
c. LENGTH OF STAY (in this place) <u>93 yrs</u>		d. STREET ADDRESS <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rogersville R.R.P.</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>Rogersville R.R.P.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>James Eligah</u> b. (Middle) <u>Chaffin</u> c. (Last) <u>Chaffin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 22-1949</u>		
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>W.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Oct. 24-1853</u>	9. AGE (In years last birthday) Months Days Hours Min. <u>93</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Joseph Chaffin</u>	13b. MOTHER'S MAIDEN NAME <u>Caliza Day</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no.</u>	16. SOCIAL SECURITY NO. <u>3</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Velma Boyd Rogersville Mo</u>
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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, asthenia, 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) <u>Cardio-Renal Vascular Disease</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Smility</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from Feb, 1946, to Feb 19, 1949, that I last saw the deceased alive on 19 Feb., 1949, and that death occurred at 10:10 P. m., from the causes and on the date stated above. ✓

23a. SIGNATURE (Degree or title) <u>Ronald F. Elkins M.D.</u>	23b. ADDRESS <u>Springfield Mo.</u>	23c. DATE SIGNED <u>2/23/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb 24-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Dodson</u>	24d. LOCATION (City, town, or county) (State) <u>Rogersville Mo.</u>
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DATE REC'D BY LOCAL REG. <u>2/29/49</u>	REGISTRAR'S SIGNATURE <u>W.E. Dandley M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>T.B. Chaffin Ozark, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed T. B. Chaffin.....

Licensed Embalmer No. 2192

P. O. Address Ozark, 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.