

No. 38
10. 48

MAILED JUL 26 1949

STANDARD CERTIFICATE OF DEATH

State File No. 22961

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

BIRTH NO. _____		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 3018		Registrar's No. 50	
1. PLACE OF DEATH a. COUNTY Dent				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Dent			
b. CITY (If outside corporate limits, write RURAL and give township) Salem		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Rural Twos 22		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION Hart Clinic				3. NAME OF DECEASED a. (First) Hugh b. (Middle) Franklin c. (Last) Chase			
4. DATE OF DEATH July 9-49		5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single	
8. DATE OF BIRTH Jan 19-1907		9. AGE (In years last birthday) 42		10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Troy Kansas				12. CITIZEN OF WHAT COUNTRY? U. S. A.			
13a. FATHER'S NAME Lewis Franklin Chase		13b. MOTHER'S MAIDEN NAME Nancy Jane Wood		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W. W. 2		16. SOCIAL SECURITY NO. 702-14-3815		17. INFORMANT'S SIGNATURE OR NAME John W. Chase			
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chest crushed in auto wreck ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 68234 32	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input 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) (Minute) July 9-49 3:30 p.m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? Auto accident 33			
22. I hereby certify that I attended the deceased from 7-9-49- 10.15AM, to 7-9-49-10.30AM, that I last saw the deceased alive on July 9-49, 19, and that death occurred at 10.30A m., from the causes and on the date stated above.							
23a. SIGNATURE <i>M. M. Hart</i>				23b. ADDRESS Salem Mo.		23c. DATE SIGNED July 10-49	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 7-10-49		24c. NAME OF CEMETERY OR CREMATORY Troy Cemetry		24d. LOCATION (City, town, or county) (State) Troy Kansas	
DATE REC'D BY LOCAL REG. July 10-49		REGISTRAR'S SIGNATURE <i>M. M. Hart</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>C. Braughton</i>		ADDRESS Salem Mo.	

Witnessed, Embalmer's Statement on Reverse Side)

RECEIVED 7-18-49
District Health Officer No. 5,
District File Number 749538
Date Filed 7-22-49

AUG 1 7 1949

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 Edward F. Brangler

Licensed Embalmer No. 4553

P. O. Address _____

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.

[Handwritten signature]