

FILED OCT 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

33544

State File No. _____
Registrar's No. 894

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000

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|---|---|--|-----------|
| 1. PLACE OF DEATH a. COUNTY <u>GREENE</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAWRENCE</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u> | c. LENGTH OF STAY (In this place) <u>1)</u> | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u> | <u>55</u> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>922 South Elliott</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Theodore</u> c. (Last) <u>Chick</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 9 1949</u> | |
| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> |
| 8. DATE OF BIRTH <u>DEC 9, 1882</u> | 9. AGE (In years last birthday) <u>66</u> | 10. KIND OF BUSINESS OR INDUSTRY <u>unknown</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>unknown</u> | 11. BIRTHPLACE (State or foreign country) <u>Georgia</u> | 12. CITIZEN OF WHAT COUNTRY? <u>AMERICAN</u> |

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| 13a. FATHER'S NAME <u>Michael Chick</u> | 13b. MOTHER'S MAIDEN NAME <u>MARY BENNET</u> | 14. NAME OF HUSBAND OR WIFE <u>Lucy Chick</u> |
| 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>462-03-4651</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Aurora MISSOURI MO</u> |

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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>Uraemia</u> | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uraemia</u> | | INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u> |
| *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hepatic Insufficiency</u> | | <u>4 weeks</u> |
| | DUE TO (c) <u>Primary Biliary Cirrhosis</u> | | <u>4 mos.</u> |
| | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | <u>5810</u> |

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| 19a. DATE OF OPERATION <u>9/24/49</u> | 19b. MAJOR FINDINGS OF OPERATION <u>Primary Biliary Cirrhosis</u> | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 9/20/1949, to 10/9/1949, that I last saw the deceased alive on 10/9/1949, and that death occurred at 7:00 a.m., from the causes and on the date stated above.

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| 23a. SIGNATURE (Degree or title) <u>Dr. Woodward B. Hall, M.D.</u> | 23b. ADDRESS <u>Springfield Mo</u> | 23c. DATE SIGNED <u>10/9/49</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>10/12/49</u> | 24c. NAME OF CEMETERY OR CREMATOR <u>Maple Park</u> |
| DATE REC'D BY LOCAL REG <u>10-10-49</u> | REGISTRAR'S SIGNATURE <u>W. E. Stanley III</u> | 24d. LOCATION (City, town, or county) (State) <u>Aurora MO</u> |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>W. E. Stanley III</u> | | ADDRESS <u>Aurora MO</u> |

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

39
2

MAR 21 1950

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.....

myself

Student Embalmer No.

working under my personal supervision.

Signed.....

Osceola L. Marsh

Signed.....
Student Embalmer

Licensed Embalmer No. *3812*

P. O. Address *Aurora 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.