

FILED DEC 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36290

BIRTH NO. REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5711 Registrar's No. 78

1. PLACE OF DEATH a. COUNTY Bollinger,		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri. b. COUNTY Bollinger.	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Liberty		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Liberty.	
c. LENGTH OF STAY (In this place) 3-weeks		d. STREET ADDRESS (If rural, give location) Hahn, Missouri.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Shells Aged Home. 5			

3. NAME OF DECEASED (Type or Print) Julius.	a. (First) Julius.	b. (Middle) B.	c. (Last) Chandler.	4. DATE OF DEATH (Month) (Day) (Year) 11-23-49
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5. SEX Male.	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced 3	8. DATE OF BIRTH 5-10-1869	9. AGE (In years last birthday) 80	# UNDER 1 YEAR OR Days 6	# UNDER 12 HRS. Hours 13	# UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming.	10b. KIND OF BUSINESS OR INDUSTRY Farming.	11. BIRTHPLACE (State or foreign country) Missouri.	12. CITIZEN OF WHAT COUNTRY? Bollinger County, U.S.A.
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13a. FATHER'S NAME Anderson Chandler.	13b. MOTHER'S MAIDEN NAME Martha Newell.	14. NAME OF HUSBAND OR WIFE Nevada Estes.
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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) No.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME L.L. Bridges, Scopus Mo.	ADDRESS
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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, 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) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Atherosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		331X	

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)	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 **Nov 10, 1949**, to **Nov 23, 1949**, that I last saw the deceased alive on **11/20/49**, 19**49**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE John J. Myers (Deputy title)	23b. ADDRESS Scopus, Mo.	23c. DATE SIGNED 11/28/49
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24a. BURIAL, CREMATION, REMOVAL Burial	24b. DATE 11-25-49	24c. NAME OF CEMETERY OR CREMATORY Cook Cemetery	24d. LOCATION (City, town, or county) (State) Scopus, Mo.
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DATE REC'D BY LOCAL REG. Nov. 28, 1949	REGISTRAR'S SIGNATURE Willie Sawber	25. FUNERAL DIRECTOR'S SIGNATURE Coz Shetter	ADDRESS Scopus, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 12-6-49
Health Officer No. 4
File Number 1249-1593
Dated _____

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 Howard P. Roman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau, 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.