

No. 300
10. 48

FILED DEC 19 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 40648

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

BIRTH NO. _____ REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5340 Registrar's No. 107

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dade</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Lockwood Smith</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Lockwood Smith</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS (If rural, give location) <u>Smith</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Kate</u> b. (Middle) <u>Elizabeth</u> c. (Last) <u>Chayton</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>11-21-1949</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>2-10-1883</u>
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>L</u>	11. BIRTHPLACE (State or foreign country) <u>Maysville Mo.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>L</u>	12. CITIZEN OF WHAT COUNTRY? <u>Mo.</u>
13a. FATHER'S NAME <u>J.R. Chayton</u>		13b. MOTHER'S MAIDEN NAME <u>May Easter</u>	14. NAME OF HUSBAND OR WIFE <u>Mrs. Ethel Moxley</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>John</u> ADDRESS
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* <u>Pituitary Adenoma with ophthalmic syndrome</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes (Pituitary)</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs</u> <u>195X</u> <u>fit</u>	
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)	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>9/22</u> , 19 <u>48</u> , to <u>9/8</u> , 19 <u>49</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Florence Glover, MD</u>		23b. ADDRESS <u>Mr. Vernon</u>	23c. DATE SIGNED <u>11/24/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE	24c. NAME OF CEMETERY OR CREMATORY <u>Kings Point</u>	24d. LOCATION (City, town, or county) (State) <u>S.E. of Lockwood Mo.</u>
DATE REC'D BY LOCAL REG. <u>11-30-49</u>	REGISTRAR'S SIGNATURE <u>Geo L. Weir</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J.R. Linder</u>	ADDRESS <u>Miller Mo.</u>

RECEIVED DEC 7 1949
District Health Office No. 6,
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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.

Signed L. R. Simon

Signed _____
Student Embalmer

Licensed Embalmer No. 3297

P. O. Address Miller 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.