

FILED DEC 21 1949

## STANDARD CERTIFICATE OF DEATH

State File No. ....

42092

BIRTH NO. _____		REG. DIST. NO. <u>287</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>266</u>		
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Randolph</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		88		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>618 W. Rollins</u>				d. STREET ADDRESS (If rural, give location) <u>618 W. Rollins</u> <u>2</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ora</u> b. (Middle) <u>Lee</u> c. (Last) <u>Chester</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 13<sup>th</sup> 1949</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 8<sup>th</sup> 1876</u>		
9. AGE (in years last birthday) <u>73</u>		IF UNDER 1 YEAR Months <u>5</u> Days <u>5</u>		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Charles Abandram</u>			13b. MOTHER'S MAIDEN NAME <u>Maude E. Settle</u>		14. NAME OF HUSBAND OR WIFE <u>Wm A. Chester</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME <u>Wm A. Chester</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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 da</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Cardio-vascular disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>				
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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) _____		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>Dec 12th 1949</u> , to <u>Dec 13th 1949</u> , that I last saw the deceased alive on <u>Dec 13th 1949</u> and that death occurred at <u>2 p.</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>Thos. S. Fleming</u> (Degree or title) <u>M D</u>				23b. ADDRESS <u>Moberly, Missouri</u>		23c. DATE SIGNED <u>12-15th-49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 15-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oakland</u>		24d. LOCATION (City, town, or county) (State) <u>Moberly Mo</u>		
DATE REC'D BY LOCAL REG. <u>12/15/49</u>		REGISTRAR'S SIGNATURE <u>Leah Helianth</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mohaw and Son</u> ADDRESS <u>Moberly Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 19 1949  
District Health Officer No. 1  
District File Number 12-49-21  
Date Filed DEC 19 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 \_\_\_\_\_

*Frank S D Witt*

Licensed Embalmer No. 3021

P. O. Address Proberly ms

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.