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FILED JAN 4 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42184 42181

BIRTH NO. _____ REG. DIST. NO. 314 PRIMARY REG. DIST. NO. 6064 Registrar's No. 54

1. PLACE OF DEATH
a. COUNTY: St. Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osceola (Rural)
c. LENGTH OF STAY (in this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 2 1/2 Mi S.W. Osceola

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: St. Clair
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Osceola (Rural)
d. STREET ADDRESS (If rural, give location):

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): Ambrose
c. (Last): Chandler

4. DATE OF DEATH (Month) (Day) (Year): 10-25-49

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Dec; 12, 1880
9. AGE (In years last birthday): 68 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U S

13a. FATHER'S NAME: Richard Chandler
13b. MOTHER'S MAIDEN NAME: Matilda Houston
14. NAME OF HUSBAND OR WIFE: Mary J. Chandler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Josie Chandler — ADDRESS: Osceola Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 177X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 21 Dec, 1942, *to* 25 Oct, 1945, *that I last saw the deceased alive on* 24 Oct, 1945, *and that death occurred at* 11:45 A.M. *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. H. Ellett Jr MD
23b. ADDRESS: Appleton City Mo
23c. DATE SIGNED: 28 Oct 45

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 10/28/49
24c. NAME OF CEMETERY OR CREMATORY: Osceola
24d. LOCATION (City, town, or county) (State): Osceola Missouri

DATE REC'D BY LOCAL REG.: Dec-30-49
REGISTRAR'S SIGNATURE: Ruth Sievers 288
25. FUNERAL DIRECTOR'S SIGNATURE: J B Goodrich — ADDRESS: Osceola Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
District Health Officer No
District File Number 12-49-1
Date Filed 1-3-20

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 J B Goodrich

Signed ..... Student Embalmer

Licensed Embalmer No. 3038

P. O. Address Osceola M

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.