

FILED MAY 25 1950 STANDARD CERTIFICATE OF DEATH

16042

State File No.

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 160

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Douglas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Fulton, Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Ava</u>	
c. LENGTH OF STAY (In this place) <u>1y, 5m, 14d</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital No 7</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Oscar</u>	b. (Middle) <u>Henry</u>	c. (Last) <u>Chesser</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May, 13, 1950</u>
-------------------------------------	-------------------------	--------------------------	--------------------------	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Optimum, Iowa</u>	9. AGE (In years last birthday) <u>23</u>	10. MONTH <u>11</u>	11. DAY <u>7</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
--------------------	-------------------------------	---	---------------------------------------	---	---------------------	------------------	---

10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Grocery Clerk</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Grocery</u>	11. BIRTHPLACE (State or foreign country) <u>6 June 1926</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
---	--	--	---

13a. FATHER'S NAME <u>Oscar Sanders</u>	13b. MOTHER'S MAIDEN NAME <u>Helma Lawson</u>	14. NAME OF HUSBAND OR WIFE <u>Widow</u>
---	---	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>Widow</u>	16. SOCIAL SECURITY NO. <u>Widow</u>	17. INFORMANT'S SIGNATURE OR NAME <u>State Hospital Records</u>	ADDRESS <u>Fulton</u>
---	--------------------------------------	---	-----------------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Saba pneumonia</u>		<u>490X</u>
	ANTECEDENT CAUSES		
	Morbidity 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION.	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>1</u>
--	--	-------------------------------------

22. I hereby certify that I attended the deceased from 12 May, 1950, to 13 May, 1950, that I last saw the deceased alive on 13 May, 1950, and that death occurred at 9:00 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>G.S. Waraack, M.D.</u> (Degree or title)	23b. ADDRESS <u>Fulton, Mo.</u>	23c. DATE SIGNED <u>13 May 1950</u>
--	---------------------------------	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Labor Cem</u>	24d. LOCATION (City, town, or county) (State) <u>New Ava, Missouri</u>
---	----------------------------	---	--

DATE REC'D BY LOCAL REG. <u>May 14-1950</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u> 426	25. FUNERAL DIRECTOR'S SIGNATURE <u>Wallace Funeral Home</u> ADDRESS <u>Fulton Mo</u>
---	---	---

No. 300
10.48

147
7

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

District File Number
District Health Officer No. 9,
RECEIVED
MAY 22 1958

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Denzil C. Browning

Licensed Embalmer No. 3724

P. O. Address FULTON, 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.