

FILED JUL 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22533**

BIRTH NO. _____ REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **105**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1005 North Cedar		d. STREET ADDRESS (If rural, give location) 1005 North Cedar	

3. NAME OF DECEASED (Type or Print)	a. (First) Eliza	b. (Middle) Rose	c. (Last) Chalker	4. DATE OF DEATH (Month) (Day) (Year)
				June 13 1950

5. SEX Fm	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Feb. 17, 1866	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Michigan	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry Madison	13b. MOTHER'S MAIDEN NAME Mary Boles	14. NAME OF HUSBAND OR WIFE Harrison Chalker
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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 Rose Smith	ADDRESS 1005 North Cedar Nevada, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 33 2 X
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Generalized arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death Senile dementia			

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **4-21, 1927**, to **6-13, 1950**, that I last saw the deceased alive on **4-21, 1927**, and that death occurred at **5:25 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) F. L. Martin M.D.	23b. ADDRESS Nevada Mo
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE June 16, 1950	24c. NAME OF CEMETERY OR CREMATORY Vernon Cemetery	24d. LOCATION (City, town, or county) (State) Vernon County Missouri
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DATE REC'D BY, LOCAL REG. June 24, 50	REGISTRAR'S SIGNATURE Ruth H. ...	25. FUNERAL DIRECTOR'S SIGNATURE ...	ADDRESS ...
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

082
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1082
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RECEIVED
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 7-5-57

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
Student Embalmer

Student Embalmer No. _____
Signed [Signature]

Licensed Embalmer No. 1760

P. O. Address Nevada 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.