

S. No. 300
v. 10. 48

THE DIVISION OF HEALTH OF MISSOURI

FILED SEP 15 1950

STANDARD CERTIFICATE OF DEATH

3043 State File No. 27532
307

BIRTH NO. 50812-50 REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 209 Registrar's No. 307

1. PLACE OF DEATH a. COUNTY <u>Marion</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harribal</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harribal</u> <u>0640</u>		d. STREET ADDRESS (If rural, give location) <u>R# 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Marys Hospital</u>			d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joseph</u> b. (Middle) <u>H.</u> c. (Last) <u>Chandler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 28, 1950</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>U</u>	8. DATE OF BIRTH <u>Aug. 26, 1950</u>	9. AGE (In years last birthday) <u>-</u>	if UNDER 1 YEAR Months <u>-</u>	if UNDER 1 Hrs. Days <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Harribal Mo</u>		12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <u>Earl Chandler</u>		13b. MOTHER'S MAIDEN NAME <u>Virginia Bird</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Earl Chandler R# 2 New London, Mo</u>			
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) <u>Premature Birth</u> 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 <u>2 days</u> <u>776X</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) (Min.)	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>Aug. 26, 1950</u> , to <u>Aug 28, 1950</u> , that I last saw the deceased alive on <u>Aug 28, 1950</u> , and that death occurred at <u>5:15 P. m.</u> , from the causes and on the date stated above.						
23a. SIGNATURE <u>Robert Lanning M.D.</u> (Degree or title)			23b. ADDRESS <u>504 Bk. Bldg. Harribal, Mo</u>		23c. DATE SIGNED <u>9/31/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>8-29-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>St. Marys Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Harribal Marion MO</u>		
DATE REC'D BY LOCAL REG. <u>9-6-50</u>	REGISTRAR'S SIGNATURE <u>James O'Donnell</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>James O'Donnell Harribal-Mo</u>			

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

9-6-50 Dr. M. Lucke by the father (Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 11 1950
MARION CO. HEALTH DEPT.
DATE FILED SEP 14 1950

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.....

Michael J. O'Connell

Signed.....

Student Embalmer

Licensed Embalmer No. 3246

P. O. Address Hannibal, 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.