

FILED SEP 7 1950

THE HEALTH DEPARTMENT OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27626  
58  
Registrar's No. 127

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 238 PRIMARY REG. DIST. NO. 4355

1. PLACE OF DEATH a. COUNTY <u>NEW MADRID.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>NEW MADRID</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW MADRID</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>NEW MADRID (072)</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>No.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>LARRIE</u> b. (Middle) _____ c. (Last) <u>CHADD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-23-50</u>	
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>SINGLE (1)</u>	8. DATE OF BIRTH <u>July-6-1947</u>
9. AGE (In years last birthday) <u>3</u> If under 1 year: Months <u>1</u> Days <u>7</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>CHILD</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTH PLACE (State or foreign country) <u>KEWANEE MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>ELMER CHADD.</u>		13b. MOTHER'S MAIDEN NAME <u>CAMILLE LANDS</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No.</u> (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>No.</u>		17. INFORMANT'S SIGNATURE OR NAME <u>CAMILLE CHADD, NEW MADRID, MO.</u> ADDRESS <u>RI</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH  <u>0561</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Broncho Pneumonia Acute</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pertussis</u> 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 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 Aug 13, 1950, to Aug 13, 1950, that I last saw the deceased alive on Aug 13, 1950, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <u>O.B. Chandler MD</u> (Degree or title) _____		23b. ADDRESS <u>New Madrid Mo</u>		23c. DATE SIGNED <u>8/25/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL (1)</u>		24b. DATE <u>Aug-24-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>KEWANEE</u>	
				24d. LOCATION (City, town, or county) <u>KEWANEE Mo.</u> (State) _____	

DATE REC'D BY LOCAL REG. <u>8-28-50</u>		REGISTRAR'S SIGNATURE <u>Helena Louise Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Richard W. Co.</u> ADDRESS <u>7.77 Mo.</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

SEP 2 1950

DISTRICT HEALTH OFFICE No. 3

File No. ....

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

*Donald L. Roberts*

Signed.....  
Student Embalmer

Licensed Embalmer No. *4722*

P. O. Address *New Madrid, 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.