

FILED AUG 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27638

BIRTH NO. 81734-49 REG. DIST. NO. 238 PRIMARY REG. DIST. 58-23 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <b>NEW MADRID</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>N.M.</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>La Forge</b>		c. LENGTH OF STAY (in this place) <b>0730</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>Rural</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION						
3. NAME OF DECEASED (Type or Print) a. (First) <b>DOYLE</b> b. (Middle) <b>STEVE</b> c. (Last) <b>CHADD</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 14-50</b>			
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>DEC-22-1919</b>	9. AGE (In years last birthday) <b>7</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>23</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>CHILD</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>MATTHEWS, Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>ELMER CHADD</b>		13b. MOTHER'S MAIDEN NAME <b>CAMILLE HANDS</b>		14. NAME OF HUSBAND OR WIFE <b>-</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
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) <b>Pneumonia Acute Bronch</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Pertussis</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  <b>0561</b>
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) m.		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 <b>Aug 13, 1950</b> , to <b>Aug 14, 1950</b> , that I last saw the deceased alive on <b>Aug 13, 1950</b> , and that death occurred at <b>LP</b> m., from the causes and on the date stated above.						
23a. SIGNATURE <b>O.B. Chandler</b> (Degree or title)			23b. ADDRESS <b>M.S. New Madrid Mo</b>		23c. DATE SIGNED <b>8/17/50</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Aug-15-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>KEWANEE</b>		24d. LOCATION (City, town, or county) (State) <b>KEWANEE Mo</b>		
DATE REC'D BY LOCAL REG. <b>8-18-'50</b>		REGISTRAR'S SIGNATURE <b>Helen Lou Jones</b> 216		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Richards Funeral Service, New Madrid</b>		

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

RECEIVED

AUG 28 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.....

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Donald L. Roberts*

Licensed Embalmer No. *4722*

P. O. Address *New Medford, N.J.*

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.