

FILED OCT 25 1950

STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO.		REG. DIST. NO.		PRIMARY REG. DIST. NO.		Registrars No. 272	
1. PLACE OF DEATH a. COUNTY <u>Adair</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u> c. LENGTH OF STAY (In this place) <u>8 da.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>K. C. O. S. Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hurdland</u> <u>1010</u> d. STREET ADDRESS (If rural, give location) <u>R. R. 3</u>			
3. NAME OF DECEASED (Type or Print) <u>Chester William Chadwell</u> a. (First) <u>Chester</u> b. (Middle) <u>William</u> c. (Last) <u>Chadwell</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>10 15 50</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>February 16, 1889</u>	
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Chadwell</u>				13b. MOTHER'S MAIDEN NAME <u>Loranie Reed</u>		14. NAME OF HUSBAND OR WIFE <u>Addie Perlee Chadwell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Addie Perlee Chadwell, Hurdland, Mo.</u>	
18. CAUSE OF DEATH Enter only one cause per slide for (a), (b), and (c) <u>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</u>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION "DIRECTLY LEADING TO DEATH" (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> ANTECEDENT CAUSES DUE TO (b) <u>HYPERTENSION</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331X</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) 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 <u>10-6-</u> 19 <u>50</u> , to <u>10-15-</u> 19 <u>50</u> , that I last saw the deceased alive on <u>10-15-</u> 19 <u>50</u> , and that death occurred at <u>11:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. T. L.</u> (Degree or title) <u>D.O.</u>				23b. ADDRESS <u>Kirksville, Mo</u>		23c. DATE SIGNED <u>10-15-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 17, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MAPLE HILL</u>		24d. LOCATION (City, town, or county) (State) <u>KIRKSVILLE Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-17-50</u>		REGISTRAR'S SIGNATURE <u>Rate Sambert</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo. H. Haskins Hurdland Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: OCT 23 1950
DISTRICT HEALTH OFFICE #2
District File Number 10-50-77
Date Filed: OCT 24 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.....
Student Embalmer

Signed

Geo B Easley Jr

Licensed Embalmer No. *3455*

P. O. Address

Ludlow 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.