

FILED NOV 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34380

870

277

BIRTH NO. _____ REG. DIST. NO. 5949 PRIMARY REG. DIST. NO. 5949 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Pike</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lincoln</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>1/2 Mile N. Bowling Green</u>		c. LENGTH OF STAY (in this place) <u>1 yr</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BB Springs</u>		d. STREET ADDRESS (If rural, give location) <u>8 Mi West Elsberry</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Chandler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 5 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced 3</u>	8. DATE OF BIRTH <u>Jan 22, 1869</u>
9. AGE (In years last birthday) <u>81</u>		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Abraham E. Chandler</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Gladney</u>	
14. NAME OF HUSBAND OR WIFE <u>Edna J. Chandler</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 <u>Mrs John Teasley</u>		ADDRESS <u>Eolia, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES: <u>Endocarditis Chronic</u> 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: <u>Anemia</u> Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u> <u>4 1/2 years</u> <u>years</u>			
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Cumox Pike Mo</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Pike Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>Jan 19 50</u> , to <u>10-5 19 50</u> , that I last saw the deceased alive on <u>10-3 19 50</u> , and that death occurred at <u>3 1/2 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>J.M. Mathews</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Bowling Green, Mo</u>	
23c. DATE SIGNED <u>10-5-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 6, 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Gladney Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lincoln County Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-23-50</u>		REGISTRAR'S SIGNATURE <u>Bill Robinson</u> <u>254</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>McCue Funeral Service</u>		ADDRESS <u>Eolia, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

Date Received: NOV 2 1950
DISTRICT HEALTH OFFICE #2
District File Number ~~46~~-50-184
Date Filed: NOV 6 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Thomas E. Yooch

Licensed Embalmer No. 2342

P. O. Address Eolia 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.