S. No. 300
v. 10.48

FILED DEC 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 39470

BIRTH NO. _____ REG. DIST. NO. 319 PRIMARY REG. DIST. NO. 4469 Registrar's No. 87

0951
4.

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

1. PLACE OF DEATH
a. COUNTY: STE. GENEVIEVE
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): STE. GENEVIEVE
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): COUNTY REST HOME

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: ST FRANCOIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL 6940
d. STREET ADDRESS (If rural, give location): FARMINGTON, MO

3. NAME OF DECEASED (Type or Print)
a. (First): JAMES
b. (Middle): GEORGE
c. (Last): CHALMERS

4. DATE OF DEATH (Month) (Day) (Year): NOV. 25 1950

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): WIDOWED 2
8. DATE OF BIRTH: JAN 26 1872
9. AGE (In years last birthday): 78 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED MILLER
10b. KIND OF BUSINESS OR INDUSTRY: FLOUR MILL
11. BIRTHPLACE (State or foreign country): TORONTO CANADA 2
12. CITIZEN OF WHAT COUNTRY?: CANADA

13a. FATHER'S NAME: UNKNOWN
13b. MOTHER'S MAIDEN NAME: UNKNOWN
14. NAME OF HUSBAND OR WIFE: MINNIE END

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): unknown
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT'S SIGNATURE OR NAME: Leola Schroom Farmington
ADDRESS: Mo

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): Chronic Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 1 year

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.
4-222

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Oct. 15, 1950, *to* Nov. 25, 1950, *that I last saw the deceased alive on* Nov 24, 1950, *and that death occurred at* 7:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Arthur E Sexauer M.D.C.
23b. ADDRESS: Ste. Genevieve Mo
23c. DATE SIGNED: 11-25-50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: NOV 26 1950
24c. NAME OF CEMETERY OR CREMATORY: CITY CEMETERY
24d. LOCATION (City, town, or county) (State): STE. GENEVIEVE MO

DATE REC'D BY LOCAL REG.: Nov. 27, 1950
REGISTRAR'S SIGNATURE: Teresa M. Karl Dep. 350
25. FUNERAL DIRECTOR'S SIGNATURE: Leo C. Basler Ste. Genevieve
ADDRESS: Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED

DEC -2 1950

DISTRICT HEALTH OFFICE No. 4

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 Adrian J. Ehler

Signed .....
Student Embalmer

Licensed Embalmer No. 4740

P. O. Address Ste. Genevieve, 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.