

FILED APR 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 12341

BIRTH NO. _____		REG. DIST. NO. 137		PRIMARY REG. DIST. NO. 3023		Registrar's No. 37	
1. PLACE OF DEATH a. COUNTY Henry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Henry			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clinton		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lowry City, Missouri 0420			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Clinton Convalescent Center				d. STREET ADDRESS (If rural, give location) 0			
3. NAME OF DECEASED (Type or Print) a. (First) Ollie		b. (Middle) V.		c. (Last) Chiles		4. DATE OF DEATH (Month) (Day) (Year) April 9, 1951	
5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Nov. 1, 1866	
9. AGE (In years last birthday) 84		10. IF UNDER 1 YEAR 5 Months		11. IF UNDER 1 YEAR 8 Days		12. IF UNDER 1 HRS. 0 Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY Housework		11. BIRTHPLACE (State or foreign country) St. Clair Co., Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Ben Harris		13b. MOTHER'S MAIDEN NAME Margaret Offutt		14. NAME OF HUSBAND OR WIFE James			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 0		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Elsie Shaffner Lowry City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis DUE TO (c) None 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None				INTERVAL BETWEEN ONSET AND DEATH 3 months Viburnum	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) No		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21f. HOW DID INJURY OCCUR?	
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"/>					
22. I hereby certify that I attended the deceased from Jan. 1, 1951, to April 9, 1951, that I last saw the deceased alive on April 9, 1951, and that death occurred at 11:30 A. M., from the causes and on the date stated above.							
23a. SIGNATURE S.B. Hughes		(Degree or title) M.D.		23b. ADDRESS Clinton, Mo.		23c. DATE SIGNED 4/10/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4/12/51		24c. NAME OF CEMETERY OR CREMATORY Lowry City Cem		24d. LOCATION (City, town, or county) (State) Lowry City, Mo.	
DATE REC'D BY LOCAL REG. 4-11-51		REGISTRAR'S SIGNATURE Florence Adams		25. FUNERAL DIRECTOR'S SIGNATURE J.E. Consolue		ADDRESS Clinton, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

**RECEIVED** 4-16-51

DISTRICT HEALTH OFFICE No. 3

District File Number .....

Date Filed 4-16-51 .....

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**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

*Eugene R. Connelley*

Licensed Embalmer No.

4680

P. O. Address

Clinton, 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.