

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29439

State File No. _____

FILED OCT 11 1951

BIRTH NO. _____ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 4642 Registrar's No. 70

094

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

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER.</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Reynolds</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>LETCESVILLE.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>0900</u>	
c. LENGTH OF STAY (in this place) <u>1-YEAR.</u>		d. STREET ADDRESS (If rural, give location) <u>LETCESVILLE.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BOND-NURSING HOME.</u>			

3. NAME OF DECEASED a. (First) <u>MARY J.</u> b. (Middle) <u>CHAD</u> c. (Last) <u>BOURNE.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>10 5 51</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>May 30th 1872</u>		9. AGE (in years, has birthday?) <u>79</u>		10. UNDER 1 YEAR Months <u>4</u> Days <u>24</u> Hours <u>-</u> Min. <u>-</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own home</u>		11. BIRTHPLACE (State or foreign country) <u>Lester ville Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>					

13a. FATHER'S NAME <u>Joel Scott</u>		13b. MOTHER'S MAIDEN NAME <u>America Shes</u>		14. NAME OF HUSBAND OR WIFE <u>John B. Chadbourne</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lillian Parker</u>	
17. ADDRESS <u>Lester ville 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Arteriosclerosis</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>331X</u>				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)		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 8/2, 1951, to 10/4, 1951, that I last saw the deceased alive on 10/4, 1951, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John J. Myers</u>		23b. ADDRESS <u>25 Lesterville Mo</u>		23c. DATE SIGNED <u>10/5/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-7-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chadbourne Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Lesterville Mo.</u>					

DATE REC'D BY LOCAL REG. OFF. <u>Oct 5 1951</u>		REGISTRAR'S SIGNATURE <u>Willie Paulenburg</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home</u>		ADDRESS <u>Smith Mo</u>	
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R. J. White

OCT 10 1951

RECEIVED

OCT 10 1951

DISTRICT HEALTH OFFICE No. 6

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.

Signed Rosely White

Signed
Student Embalmer

Licensed Embalmer No. 3012

P. O. Address Imitor hcs

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.