

FILED SEP 26 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32361

BIRTH NO. _____ REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 4531 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY Warren		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Montgomery	
b. CITY (If outside corporate limits, write RURAL and give town) Warrenton	c. LENGTH OF STAY (In this place) 3 1/2	c. CITY (If outside corporate limits, write RURAL and give township) Montgomery City 0700	
d. FULL NAME OF HOSPITAL OR INSTITUTION Katie Jane Memorial Home		d. STREET ADDRESS (If rural, give location) /	

3. NAME OF DECEASED (Type or Print)	a. (First) Sarah	b. (Middle) Margaret	c. (Last) Chadwick	4. DATE OF DEATH (Month) (Day) (Year) Sept. 4 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH November 17, 1858	9. AGE (In years last birthday) 92	IF UNDER 1 YEAR Months Days	IF UNDER 48 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Lincoln County, Missouri 0	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James L. Duncan	13b. MOTHER'S MAIDEN NAME Elizabeth Griffin	14. NAME OF HUSBAND OR WIFE John E. Chadwick (Deceased)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME Mrs William Hughes Montgomery City, Mo	ADDRESS Missouri
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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 2 hr.
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sarcin Hemorrhage -		
	ANTECEDENT CAUSES		
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) Fracture right clavicle -	
		DUE TO (c) Fracture right shoulder -	
	11. OTHER SIGNIFICANT CONDITIONS		
	Conditions contributing to the death but not related to the disease or condition causing death: Shock Traumatism She fell down		
	19a. DATE OF OPERATION		20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
	19b. MAJOR FINDINGS OF OPERATION		19c. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Troy, Mo
	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) 69007
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? 21	

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____

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) 69007
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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? 21
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22. I hereby certify that I attended the deceased from Sept 10, 1948, to Sept 4, 1951, that I last saw the deceased alive on Sept 4, 1951, and that death occurred at 1:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Kenneth O. Kuchler M.D.	23b. ADDRESS Warrenton Mo.	23c. DATE SIGNED 9-5-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8/5/51	24c. NAME OF CEMETERY OR CREMATORY Troy Cemetery	24d. LOCATION (City, town, or county) (State) Troy, Missouri
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DATE REC'D BY LOCAL REG. 9-13-51	REGISTRAR'S SIGNATURE Floyd Logan	421	25. FUNERAL DIRECTOR'S SIGNATURE Kemper Funeral Home Troy, Missouri.	ADDRESS Troy, Missouri.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

File No.

DISTRICT HEALTH OFFICE No. 3

SEP 21 1951

RECEIVED

SEP 26 1951

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, Joseph J. Marsh

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Joseph J. Marsh
Licensed Embalmer No. 3932

P. O. Address Troy, Missouri.

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.