

FILED DEC 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37854

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 4248 Registrar's No. 226

0490

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

1. PLACE OF DEATH a. COUNTY <u>Gasper</u>		2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Gasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sarcoxis</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sarcoxis</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>Mo (House not numbered)</u>	
3. NAME OF DECEASED (Type or Print), (First) (Middle) (Last) <u>Charles L. Chandler</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 29-51</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>wh</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Nov 26-1899</u>
9. AGE (In years last birthday) <u>52</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fertilizer mfr. Thurston Chem</u>	11. BIRTHPLACE (State or foreign country) <u>Sarcoxis Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Conrad Chandler</u>	
13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Gladys Chandler</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes War II</u>		16. SOCIAL SECURITY NO. <u>500-01-1525</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Gladys Chandler</u>		ADDRESS <u>Sarcoxis 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>QUANSHOT WOUND HEAD FATAL</u> (b) <u>DESPONDENCY AND ILL</u> (c) <u>HEALTH</u> II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>E976</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME - WORKING</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>SARCOXIS GASPER MO</u>		21d. HOW DID INJURY OCCUR? <u>STUCK 22 CAL. RIFLE IN MOUTH AND PULLED TRIGGER</u>	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 29 51 10:45 a.m.</u>		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>Did not attend</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:45 a.m.</u> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Worobies MS Cronin Jr. Emb. Spec. Nat. Bur. Body</u>		23b. ADDRESS <u>12/1/51</u>	
23c. DATE SIGNED			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-1-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Sarcoxis Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Sarcoxis Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-8-51</u>		REGISTRAR'S SIGNATURE <u>L.B. Clifton, MD</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Jackson & Sons</u>		ADDRESS <u>Sarcoxis Mo</u>	

RECEIVED 12-11-51
Jasper County Health Office

County File Number 51/12/931

Date Filed 12-11-51

2981
JAN 3 1952

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 me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Wm. A. Jackson

Licensed Embalmer No. 3954

P. O. Address Savoie 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.