

BIRTH NO. _____ REG. DIST. NO. 15 PRIMARY REG. DIST. NO. 3004 Registrar's No. 83

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) Lamar		c. CITY (If outside corporate limits, write RURAL and give township) Lamar	
c. LENGTH OF STAY (In this place) 19 yrs		d. STREET ADDRESS (If rural, give location) Travelers Hotel	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) HAROLD b. (Middle) CLAYTON c. (Last) CHANCELLOR			4. DATE OF DEATH (Month) (Day) (Year) Dec 24 1951		
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH July 18 1902	9. AGE (In years last birthday) 49	IF UNDER 1 YEAR Months 5	IF UNDER 12 HRS. Days 6	IF UNDER 1 MIN. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Hotel Owner & Operator		10b. KIND OF BUSINESS OR INDUSTRY Travelers Hotel		11. BIRTHPLACE (State or foreign country) Pittsburg, Kansas		12. CITIZEN OF WHAT COUNTRY? US	
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13a. FATHER'S NAME H. C. Chancellor		13b. MOTHER'S MAIDEN NAME Pearl V. Freeman		14. NAME OF HUSBAND OR WIFE Elsie N. Inglis			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No XXX		16. SOCIAL SECURITY NO. XXX		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Elsie N. Chancellor, Lamar, 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 Nov. 7, 1951 Nov. 8, 1951
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Acute Hemorrhagic Pancreatitis with necrosis & abscess formation</i>			
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION Dec 22 1951		19b. MAJOR FINDINGS OF OPERATION <i>Abscess in Pancreas with old necrotic pancreatic tissue plus</i>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)			21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 5870	
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22. I hereby certify that I attended the deceased from Nov. 7 1951, to Dec. 24 1951, that I last saw the deceased alive on Dec 24 1951, and that death occurred at 2:05 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>John T. Bickel, M.D.</i>		23b. ADDRESS <i>Lamar, Mo.</i>		23c. DATE SIGNED <i>12/26/51</i>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 27 1951		24c. NAME OF CEMETERY OR CREMATORY Lake Cemetery		24d. LOCATION (City, town, or county) (State) Lamar, Missouri	
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DATE REC'D BY LOCAL REG. DEC 27 1951		REGISTRAR'S SIGNATURE <i>Marie Konantz</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS KONANTZ FUNERAL HOME, Lamar, Missouri			
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1061

3012 2 2011
3012 2 2011

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 Frank W. Denton

Signed.....
Student Embalmer

Licensed Embalmer No. 4581

P. O. Address Lamar, 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.