

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3904

State File No.

BIRTH NO.		REG. DIST. NO. <u>2</u>		PRIMARY REG. DIST. NO. <u>4031</u>		Registrar's No.	
1. PLACE OF DEATH a. COUNTY <u>AUDRAIN COUNTY</u>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>AUDRAIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LADDONIA</u>		c. LENGTH OF STAY (in this place) <u>78 YRS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>LADDONIA</u>		8040	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>LADDONIA, MISSOURI</u>				d. STREET ADDRESS (If rural, give location) <u>J</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARTHUR</u> b. (Middle) <u>TITMAN</u> c. (Last) <u>CHASE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-21-1952</u>				
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>8-8-1873</u>	
9. AGE (In years last birthday) <u>78</u>		IF UNDER 1 YEAR Months <u>6</u> Days <u>13</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>ROLLS COUNTY, MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>
13a. FATHER'S NAME <u>GEORGE W CHASE</u>			13b. MOTHER'S MAIDEN NAME <u>KETTIE WEAVER</u>		14. NAME OF HUSBAND OR WIFE <u>FLORENCE KETTIM</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 ADDRESS <u>GARTH CHASE VANDALIA, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia Toxic.</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic glomerulonephritis</u> DUE TO (c) <u>Chronic Degenerative Myocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Laddonia Audrain MO</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u></u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>592X</u>			
22. I hereby certify that I attended the deceased from <u>2-18</u> , 19 <u>52</u> , to <u>2-21</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2-20</u> , 19 <u>52</u> , and that death occurred at <u>4:00A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A.C. Keminger MD</u>				23b. ADDRESS <u>Laddonia, MO</u>		23c. DATE SIGNED <u>2-23-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>2-24-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>FARBEE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>FARBEE MO.</u>	
DATE REC'D BY LOCAL REG. <u>2-23-52</u>		REGISTRAR'S SIGNATURE <u>Martha Kemmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clyde Wilbey Laddonia MO.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

Clyde C. Wilkey

Licensed Embalmer No. 3820

P. O. Address Perry 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.