

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13953

State File No.

FILED MAY 13 1952

BIRTH NO. _____ REG. DIST. NO. 308 PRIMARY REG. DIST. NO. 6049 Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY St. Charles

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri b. COUNTY St Charles

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Femme Osage c. LENGTH OF STAY (In this place) 75 years

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural- Femme Osage 0923

d. FULL NAME OF HOSPITAL OR INSTITUTION

d. STREET ADDRESS (If rural, give location) 2 miles West of Defiance

3. NAME OF DECEASED a. (First) Joseph b. (Middle) _____ c. (Last) Chandler

4. DATE OF DEATH (Month) (Day) (Year) May 3 1952

5. SEX Male

6. COLOR OR RACE Black

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed

8. DATE OF BIRTH 1849 month 10 day unknown

9. AGE (In years last birthday) 103 Months _____ Days _____ If under 1 year _____ If under 1 hr. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer Stock

10b. KIND OF BUSINESS OR INDUSTRY Farm Owner

11. BIRTHPLACE (State or foreign country) Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Unknown

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE _____

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no

16. SOCIAL SECURITY NO. none

17. INFORMANT'S SIGNATURE OR NAME Harry Chandler ADDRESS St. Louis, Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)
MEDICAL CERTIFICATION
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Degeneration
ANTECEDENT CAUSES DUE TO (b) senility
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 2 hrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 4222

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I viewed the body on May 5, 1952 attended the deceased from 19, 19 , to , 19 , that I last saw the deceased alive on , 19 , and that death occurred at 8 P.M. from the causes and on the date stated above.

23a. SIGNATURE Morris Muehler (Degree or title) Coroner

23b. ADDRESS Wentzville, Mo.

23c. DATE SIGNED 5/6/52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE May 8, 1952

24c. NAME OF CEMETERY OR CREMATORY Hopewell Cemetery

24d. LOCATION (City, town, or county) (State) St. Charles Co., Mo.

DATE REC'D BY LOCAL REG. May 8, 1952

REGISTRAR'S SIGNATURE Mrs. V. L. Fluemmel 399-8

25. FUNERAL DIRECTOR'S SIGNATURE Morris Muehler ADDRESS Wentzville

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

720
1

MAR 1 1953

MAR 30 1953

MAY 20 1953

MAY 14 1953

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 Howard O Kusler

Licensed Embalmer No. 4631

P. O. Address Wentzville, 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.

1953 MAY 14 11:58 AM