

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

27113

State File No.

FILED SEP 9 - 1952

BIRTH NO.		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5112</u>		Registrar's No. <u>521</u>	
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u> <u>0090</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Bollinger</u> <u>2090</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Laramie</u> <u>2090</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> <u>Laramie</u>			
c. LENGTH OF STAY (in this place) <u>2090</u>				d. STREET ADDRESS (If rural, give location) <u>Near Lutesville</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Near Lutesville</u>							
3. NAME OF DECEASED (Type or Print) <u>COLUMBUS</u>		a. (First) <u>N.</u>		b. (Middle) <u>CHADD</u>		c. (Last)	
4. DATE OF DEATH <u>SEPT. 2</u>		5. SEX <u>M.</u>		6. COLOR OR RACE <u>W.</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>JUNE 14, 1872</u>		9. AGE (In years last birthday) <u>80</u>		10. MONTHS <u>2</u>		11. DAYS <u>20</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>Iowa</u> <u>1</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Chas. Chadd</u>		13b. MOTHER'S MAIDEN NAME <u>Davis</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah Chadd</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Charles Eaker</u> ADDRESS <u>Lutesville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertensive cardiovascular disease</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		443X		20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>---</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>0</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>October 5, 1950</u> , to <u>Sept 2, 1952</u> , that I last saw the deceased alive on <u>Sept 2, 1952</u> , and that death occurred at <u>2:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Everette L. Price</u>		(Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Lutesville, Missouri</u>		23c. DATE SIGNED <u>Sept. 3, 1952</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-4-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wright Creek Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Bollinger Co. MO</u>	
DATE REC'D BY LOCAL REG. <u>Sept. 3, 1952</u>		REGISTRAR'S SIGNATURE <u>Willie Cauldunburg</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barber Funeral Home</u> ADDRESS <u>Lutesville, Mo.</u>			

(Licensed Emballer's Statement on Reverse Side)

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

price

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.

Student
Student Embalmer

Signed.....

A. J. Baker

Licensed Embalmer No. 3573

P. O. Address.....

Stearns 740

Notes: 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.