

STANDARD CERTIFICATE OF DEATH

State File No. **13148**

FILED APR 21 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 400E Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <u>ANDREW</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution) a. STATE <u>MISSOURI</u> b. COUNTY <u>ANDREW</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FILLMORE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FILLMORE</u> <u>020</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FILLMORE</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>HARRISON</u> c. (Last) <u>CHANDLER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APR 11, 1953</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>JAN 15, 1870</u>	9. AGE (In years last birthday) <u>83</u>	9. UNDER 1 YEAR (Months) <u>2</u> 9. UNDER 1 Mth. (Days) <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARM</u>		11. BIRTHPLACE (State or foreign country) <u>Rock Bluff, NEBR</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>					

13a. FATHER'S NAME <u>JOSEPH CHANDLER</u>		13b. MOTHER'S MAIDEN NAME <u>MARY ELLISON</u>		14. NAME OF HUSBAND OR WIFE <u>ANNISE CHANDLER</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS CHAS. DAVIS, FILLMORE</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 complications which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) <u>Diabetes Mellitus</u>		<u>no facts</u> <u>no facts</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

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)		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	

22. I hereby certify that I attended the deceased from 4-2 1953 to 4-11, 1953, that I last saw the deceased alive on April 11, 1953, and that death occurred at 3:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M. L. Holliday M.D. 23b. ADDRESS Fillmore MO 23c. DATE SIGNED 4-11-53

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE APR 13, 1953 24c. NAME OF CEMETERY OR CREMATORY FILLMORE 24d. LOCATION (City, town, or county) (State) FILLMORE, MO

DATE REC'D BY LOCAL REG. 4-13-53 REGISTRAR'S SIGNATURE H. Parks 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS C. H. H. Lee, Fillmore, Mo

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

**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 *C. Dean Cole*

Licensed Embalmer No. 4670

P. O. Address Fillmore, 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.