

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23923

FILED AUG 3 1953

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 828

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0117	
c. LENGTH OF STAY (In this place) 22 Yrs		d. STREET ADDRESS (If rural, give location) 1601 Spring St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Idle Hour Nursing Home 218 So. 10th			

3. NAME OF DECEASED (Type or Print) a. (First) Theodore		b. (Middle) R		c. (Last) Chard		4. DATE OF DEATH (Month) (Day) (Year) July 20, 1953	
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5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH Dec. 18, 1882		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired (10) Laborer Packing Co.				10b. KIND OF BUSINESS OR INDUSTRY Laborer Packing Co.				11. BIRTHPLACE (City and State or Foreign Country) Maryville, Mo. 0				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
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13a. FATHER'S NAME Albert Chard				13b. MOTHER'S MAIDEN NAME Luella unk.				14. NAME OF HUSBAND OR WIFE None			
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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				16. SOCIAL SECURITY NO. 497-12-2463				17. INFORMANT'S SIGNATURE OR NAME Welfare Board				ADDRESS St. Joseph, Mo.			
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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 3 days	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia											
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myo Carditis with Auricular Fibrillation										Unknown	
		DUE TO (c)											
		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 4222										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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
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22. I hereby certify that I attended the deceased from 6/1/53, 1953, to 7/20, 1953 that I last saw the deceased alive on 7/20, 1953, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE H. F. Mundy M.D.		(Degree or title)		23b. ADDRESS 2801 Sacramento St. Joseph, Mo.				23c. DATE SIGNED 7/21/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7-25-53		24c. NAME OF CEMETERY OR CREMATORY Ashland Cemetery				24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.	
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DATE REC'D BY LOCAL REG. July 28, 1953		REGISTRAR'S SIGNATURE Kathryn M. Allison		485-0		25. FUNERAL DIRECTOR'S SIGNATURE Herman W. Sidenkaden		ADDRESS 1802 Union St. St. Joseph, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

*Robert H. Apple*

Licensed Embalmer No. 3308

P. O. Address St Joseph, 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.