

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

24409

State File No.

FILED JUL 27 1953

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 677

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Walnut Grove</u> <u>0290</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Springfield Baptist</u>		d. STREET ADDRESS (If rural, give location) <u>Rt 1</u>	

3. NAME OF DECEASED (Type or Print)
a. (First) MADGE b. (Middle) LUCILLE c. (Last) CHESTNUT

4. DATE OF DEATH (Month) (Day) (Year)
July 21-1953

5. SEX FEMALE 6. COLOR OR RACE WHITE 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED 8. DATE OF BIRTH SEPT. 24-1914 9. AGE (In years last birthday) Months Days Hours Min. 38

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper Fayette Lamp Mfg Co. 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (State or foreign country) Dade County - Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Tom Patterson 13b. MOTHER'S MAIDEN NAME Flores Box 14. NAME OF HUSBAND OR WIFE Richard Chestnut

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. Unknown 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Virgil Patterson, Walnut Grove - Mo.

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage

ANTECEDENT CAUSES
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.
Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.
DUE TO (b) Fractured Ribs
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS Fracture Right Femur, Fracture Left Ankle
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH 2 hours

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION Multiple Fractures, 180 Elbow + Left Knee 20. AUTOPSY? YES NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Junction of Highway 21c. (CITY, TOWN, OR TOWNSHIP) Murray Township 039 (COUNTY) (STATE) Greene, Missouri

21d. TIME (Month) (Day) (Year) (Hour) OF INJURY 7 21 53 3:30 A.M. 21e. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? Two Car Accident
Onto accident

22. I hereby certify that I attended the deceased from 7-21, 1953, to 7-21, 1953, that I last saw the deceased alive on 7-21, 1953, and that death occurred at 10:14 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Thomas S. Ashley MD 23b. ADDRESS Springfield, Mo 23c. DATE SIGNED 7-21-53

24a. BURIAL, CREMATION, REMOVAL (Specify) Removal 24b. DATE July 24-1953 24c. NAME OF CEMETERY OR CREMATORY Rice Cemetery 24d. LOCATION (City, town, or county) (State) Dade Co. Mo.

DATE REC'D BY LOCAL REG. 7-23-53 REGISTRAR'S SIGNATURE Edith Williamson 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Brim - Daniel - Walnut Grove - Mo

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

DEC 28 1954

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 _____

Licensed Embalmer No. 4702

P. O. Address. Asst. Secy - Inc.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.