S. No. 300
v. 10-48

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

FILED AUG 5 - 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25366

State File No.

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 343

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Joplin Mo
c. LENGTH OF STAY (in this place): 5 wk
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Freeman Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Jasper
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Sarcoxie 0470
d. STREET ADDRESS (If rural, give location): Mo 1

3. NAME OF DECEASED (Type or Print): a. (First) Ethel b. (Middle) c. (Last) Chandler

4. DATE OF DEATH (Month) (Day) (Year): July 15, 1953

5. SEX: F 1
6. COLOR OR RACE: Wh
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widow
8. DATE OF BIRTH: 4-23-1886
9. AGE (In years last birthday): 67 — IF UNDER 1 YEAR: Months / Days — IF UNDER 1 HR.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): at home
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): Sarcoxie Mo
12. CITIZEN OF WHAT COUNTRY?: —

13a. FATHER'S NAME: Chas Hurtt
13b. MOTHER'S MAIDEN NAME: Mary Ward
14. NAME OF HUSBAND OR WIFE: Wm Chandler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): —
(If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 500-01-876
17. INFORMANT'S SIGNATURE OR NAME: Mrs Chester Farrell — ADDRESS: Sarcoxie Mo

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolus — INTERVAL BETWEEN ONSET AND DEATH: Immediat

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Generalized Arteriosclerosis — Years
DUE TO (c) Phlebothrombosis — Weeks

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral Cortical Atrophy — 3 Months

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 4500
20. AUTOPSY? YES [X] 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) m.:
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* June 10, *19*53, *to* July 15, *19*53, *that I last saw the deceased alive on* July 15, *19*53, *and that death occurred at* 2:05p *m., from the causes and on the date stated above.*

23a. SIGNATURE: Nelson L. Butterworth, M.D. (Degree or title)
23b. ADDRESS: 505 Frisco Bldg., Joplin
23c. DATE SIGNED: 7-17-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7-19-53
24c. NAME OF CEMETERY OR CREMATORY: Sarcoxie Cem
24d. LOCATION (City, town, or county) (State): Sarcoxie Mo

DATE REC'D BY LOCAL REG.: 7-26-53
REGISTRAR'S SIGNATURE: E. L. Jones M.D. by Delois Langlens
25. FUNERAL DIRECTOR'S SIGNATURE: Jackson & Sons — ADDRESS: Sarcoxie Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED AUG 3 1953
Jasper County Health Office
County File Number 53-8-629
Date Filed
AUG 3 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 Me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Wm K Jackson

Licensed Embalmer No. 3954

P. O. Address Sarcoxie 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.