S. No. 300
Rv. 10.48

2

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

FILED SEP 21 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31036

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 995

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Joseph
c. LENGTH OF STAY (in this place): 2 mo
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): State Hospital no 2

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St Joseph
d. STREET ADDRESS (If rural, give location): 823 Faraon St. 0117 0

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

4. DATE OF DEATH (Month) (Day) (Year): Sept. 1 - 1953

5. SEX: Female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): widowed
8. DATE OF BIRTH: not given
9. AGE (In years last birthday): 76 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

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

13a. FATHER'S NAME: not given
13b. MOTHER'S MAIDEN NAME: not given
14. NAME OF HUSBAND OR WIFE: not given

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.: none
17. INFORMANT'S SIGNATURE OR NAME: Public Administrator St Joseph
ADDRESS: Mo

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 3 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteria sclerosis + hypertension
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of uterus

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 331 XH
20. AUTOPSY? YES ☒ 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* July 1, 1953, *to* Sept 1, 1953, *that I last saw the deceased alive on* Aug 31, 1953, *and that death occurred at* 7:55 a.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Forrest Thomas M.D
23b. ADDRESS: St Joseph Mo n. State Hosp. no 2
23c. DATE SIGNED: 9/1-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 11, 1953
24c. NAME OF CEMETERY OR CREMATORY: Mt. Auburn Cemetery
24d. LOCATION (City, town, or county): St. Joseph (State): Missouri

DATE REC'D BY LOCAL REG.: Sept 15, 1953
REGISTRAR'S SIGNATURE: Esther M. Allison Inez P. Balmer 4-8-53 Dep. Reg.
FUNERAL DIRECTOR'S SIGNATURE: Stanley Funeral Home
ADDRESS: St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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 John Roy Stanley

Licensed Embalmer No. 2435

P. O. Address St Joseph

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.