

STANDARD CERTIFICATE OF DEATH

FILED NOV 13 1953

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023 Registrar's No. 233

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clatsop</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>CLINTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Desperater Rural</u>	
c. LENGTH OF STAY (in this place) <u>7 da.</u>		d. STREET ADDRESS (If rural, give location) <u>5th & S.W. Desperater</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>WETZEL OSTEOPATHIC</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Richard</u> b. (Middle) <u>P</u> c. (Last) <u>CHILES</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 10, 1953</u>
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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>May 25-1888</u>	9. AGE (In years last birthday) <u>65</u>	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) <u>Pharmacy</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Henry County Mo U.S.A.</u>	12. CITIZEN OF WHAT COUNTRY?
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13a. FATHER'S NAME <u>James Chiles</u>	13b. MOTHER'S MARRIAGE NAME <u>Ida Chiles</u>	14. NAME OF HUSBAND OR WIFE <u>Ida Chiles</u>
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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) <u>no</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Ida Chiles Desperater Mo</u>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Medullary Paralysis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cerebral thrombosis</u> DUE TO (c) <u>Polycythemia Vera</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"/>
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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) <u>294x</u>
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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 Nov. 3, 1953, to Nov. 10, 1953, that I last saw the deceased alive on Nov 10, 1953 and that death occurred at 6:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>2 Mo</u>	23b. ADDRESS <u>Clinton Mo.</u>	23c. DATE SIGNED <u>Nov 11 1953</u>
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24a. BURIAL, CREMATION, REMOVAL? (Specify) <u>Burial</u>	24b. DATE <u>11-13-1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lavery City</u>	24d. LOCATION (City, town, or county) (State) <u>Lavery City Mo</u>
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DATE REC'D BY LOCAL REG <u>Nov-11-53</u>	REGISTRAR'S SIGNATURE <u>Florence Adair</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>	ADDRESS <u>Osceola Mo</u>
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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 *J. B. Goodrich*

Licensed Embalmer No. *3038*

P. O. Address *Osceola, 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.