

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42805
6105

State File No. _____
Registrar's No. _____

FILED JAN 14 1954
BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas city mo</u>		c. LENGTH OF STAY (In this place) <u>3 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas city, mo</u>		3158
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1305 East 8th Street</u>			d. STREET ADDRESS (If rural, give location) <u>1305 East 8th Street</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs Lois Irene</u> b. (Middle) <u>Chandler</u> c. (Last) <u>Chandler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-28-1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>8-19-1930</u>	9. AGE (In years last birthday) <u>23</u>	IF UNDER 1 YEAR: Months - Days - Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Hymen Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>
13a. FATHER'S NAME <u>Welburn Pittman</u>		13b. MOTHER'S MAIDEN NAME <u>Lois Dorothy Johnson</u>	14. NAME OF HUSBAND OR WIFE <u>Glenn Chandler</u>		
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. <u>515-24-6580</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Glenn Chandler 1305 E 8th St</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Nephritis</u>				<u>24 hrs</u>
	DUE TO (c) <u>Toxemia from Bowel obstruction</u>				<u>4 days</u>
	II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. <u>fibrous band (n-m-o)</u>				
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>570°</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>5-20-1953</u> to <u>12-28-1953</u> , that I last saw the deceased <u>alive</u> on <u>12-28-1953</u> , and that death occurred at <u>6:30 A</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Geo. W. Clark</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>1329 Broadway</u>		23c. DATE SIGNED <u>12-28-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>12-30-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chicago Mound Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Neosho Rapids Kansas</u>		
DATE REC'D BY LOCAL REG. <u>12-29-53</u>	REGISTRAR'S SIGNATURE <u>Beralline Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>France-Wornall Funeral Home</u>		

MAR 25 1950

4-2-5

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

Russell W. France

Licensed Embalmer No. 4255

P. O. Address K. E. 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.