

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43927

State File No. ....

FILED JAN 14 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 282 PRIMARY REG. DIST. NO. 5969 Registrar's No. 6

**I. PLACE OF DEATH**  
 a. COUNTY Polk  
 b. CITY (If outside corporate limits, write RURAL and give township) Dundegad  
 c. LENGTH OF STAY (in this place) 18 yrs  
 d. FULL NAME OF HOSPITAL OR INSTITUTION Village

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
 a. STATE Missouri b. COUNTY Polk  
 c. CITY (If outside corporate limits, write RURAL and give township) Dundegad  
 d. STREET ADDRESS (If rural, give location) Village

**3. NAME OF DECEASED**  
 a. (First) Alva b. (Middle) Bell c. (Last) Chalker  
 4. DATE OF DEATH (Month) (Day) (Year) Dec 30 1953

5. SEX F 6. COLOR OR RACE Wh 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH July 3 1876 9. AGE (In years last birthday) 77 5 27 1 1

10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 11. KIND OF BUSINESS OR INDUSTRY Housework 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Datsod Sims 13b. MOTHER'S MAIDEN NAME Elizabeth Robberson 14. NAME OF HUSBAND OR WIFE Truman Chalker

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Mr. Truman Chalker ADDRESS Bolivar 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, asthma, etc. It means the disease, injury, or complication which caused death.  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) Adeno-Carcinoma of Pylorus  
 ANTECEDENT CAUSES  
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
 DUE TO (b) \_\_\_\_\_  
 DUE TO (c) \_\_\_\_\_  
**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  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) 151X

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 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 August, 1953, to Dec 30, 1953, that I last saw the deceased alive on Dec 28, 1953, and that death occurred at 10:15 A, m., from the causes and on the date stated above.

23a. SIGNATURE R. S. Saunders D.O. (Degree or title) 23b. ADDRESS Fair Play, Mo 23c. DATE SIGNED 1/16/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Jan 1 1954 24c. NAME OF CEMETERY OR CREMATORY Dundegad Cemetery 24d. LOCATION (City, town, or county) (State) Dundegad Mo

DATE REC'D BY LOCAL REG. 1-7-54 REGISTRAR'S SIGNATURE Ralph Gordon 25. FUNERAL DIRECTOR'S SIGNATURE Erwin T. Blue ADDRESS Bolivar Mo

(Licensed Embalmer's Statement on Reverse Side)

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

0840

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

*Chas. Jester*

Licensed Embalmer No. *4154*

Signed.....  
Student Embalmer

P. O. Address *Bolivar, 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.