

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44883

State File No.

FILED DEC 21 1953

BIRTH NO. _____ REG. DIST. NO. 337 PRIMARY REG. DIST. NO. 4497 Registrar's No. 107

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

1. PLACE OF DEATH a. COUNTY <u>SHELBY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>SHELBY</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLARENCE</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CLARENCE</u> <u>1020</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CLARENCE MO</u>		d. STREET ADDRESS (If rural, give location) <u>CLARENCE MO</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY</u> b. (Middle) <u>ALFRED</u> c. (Last) <u>CHATMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 7 1953</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>DEC 25 1865</u>
9. AGE (In years last birthday) <u>87</u>		10. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>	11. CITIZEN OF WHAT COUNTRY? <u>US</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LUBRICER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>GRAIN-FEED</u>	
13a. FATHER'S NAME <u>JEFF CHATMAN</u>		13b. MOTHER'S MAIDEN NAME <u>HARRIET O'BRIEN</u>	
14. NAME OF HUSBAND OR WIFE <u>MARTHA DAY</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>NO</u>	
16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS ALBIE MAYFIELD</u> ADDRESS <u>CLARENCE MO</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>Mitral Regurgitation</u> INTERVAL BETWEEN ONSET AND DEATH <u>3 mos.</u> ANTECEDENT CAUSES DUE TO (b) <u>Cardiac Asthma</u> DUE TO (c) <u>1 Year</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 <u>4342</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>July</u> , 19 <u>53</u> to <u>Dec 7</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>Dec 7</u> , 19 <u>53</u> , and that death occurred at <u>11:10 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>B.L. Edgington</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Clarence Mo.</u>	
23c. DATE SIGNED <u>12/12/53</u>		24. NAME OF CEMETERY OR CREMATORY <u>CLARENCE CEMETERY</u>	
24a. BURLIAL, CREMATION, REMOVAL (Specify) <u>BURLIAL</u>		24b. DATE <u>12-11-53</u>	
24c. LOCATION (City, town, or county) (State) <u>CLARENCE MO</u>		24d. FUNERAL DIRECTOR'S SIGNATURE <u>Charles P. Henry</u> ADDRESS <u>Clarence Mo</u>	
DATE REC'D BY LOCAL REG. <u>Dec-18-53</u>		REGISTRAR'S SIGNATURE <u>Ada Harrison</u>	

DEC 19 1950

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

Charles V. Freeman

Licensed Embalmer No.

4425

P. O. Address

Charm...

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.