

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

137

State File No.

FILED JAN 26 1954

BIRTH NO.		REG. DIST. NO. <u>32</u>		PRIMARY REG. DIST. NO. <u>5712</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>BOLLINGER</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Lorange,</u>		c. LENGTH OF STAY (in this place) <u>40 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>Rural Lorange.</u>		<u>CO 90</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lutesville, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Lutesville, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u>		b. (Middle) <u>Levina</u>		c. (Last) <u>Chadd.</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1st 17: 1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>5-1st-1872</u>	
9. AGE (In years last birthday) <u>81</u>		10. IF UNDER 1 YEAR Months <u>8</u> Days <u>17</u>		11. BIRTHPLACE (State or foreign country) <u>Bollinger Co. Patton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <u>Ioiax Mungle,</u>		13b. MOTHER'S MAIDEN NAME <u>Barba Bollinger,</u>		14. NAME OF HUSBAND OR WIFE <u>Columbus N. Chadd.</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Daughter, Mrs Lee Shabb, Lutesville</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Internal hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ischemic Adenocarcinoma</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>18 months</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>151X</u>				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>None</u>		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 <u>Aug 10</u> , 19 <u>52</u> , to <u>Jan. 17</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Jan. 16</u> , 19 <u>54</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Everette L. Price M.D.</u>				23b. ADDRESS <u>Lutesville, Missouri</u>		23c. DATE SIGNED <u>1-21-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-19-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Montzion Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Scopus, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 22, 54</u>		REGISTRAR'S SIGNATURE <u>Willie Dan Amburge</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Coy Shetty</u>		ADDRESS <u>Lutesville, Mo.</u>	

(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

R. J. Hansen

Licensed Embalmer No. *2863*

P. O. Address *Cape Girardeau, 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.