

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4510

State File No.

BIRTH NO. <u>FILED MAR 15 1954</u>		REG. DIST. NO. <u>128</u>	PRIMARY REG. DIST. NO. <u>2000</u>	Registrar's No. <u>264</u>
1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Dallas</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>	c. LENGTH OF STAY (in this place) <u>8 hrs</u>	c. CITY OR TOWN <u>Buffalo</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>0300 1</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u>		b. (Middle)	c. (Last) <u>Chalker</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar 8 1954</u>
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>Aug 17 - 1915</u>	9. AGE (In years last birthday) <u>38</u> IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Auto Mechanic</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>GARAGE</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Texas</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John W. Chalker</u>		13b. MOTHER'S MAIDEN NAME <u>Roberta Lee</u>	14. NAME OF HUSBAND OR WIFE <u>Corene</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>yes W. War II</u>		16. SOCIAL SECURITY NO. <u>UNKNOWN</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Wife Corene Chalker</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>Cardio-respiratory failure</u> ANTECEDENT CAUSES DUE TO (b) <u>Contusion of brain</u> DUE TO (c) <u>Subdural Hematoma</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>left cerebral</u>		INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION <u>3-7-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>1/2 inch in thickness subdural hematoma</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hwy</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>West of Bolivar, Polk MISSOURI</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>March 7, 1954 5:30pm</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>TWO CAR</u>		
22. I hereby certify that I attended the deceased from <u>MARCH 7</u> , 19 <u>54</u> , to <u>MARCH 8</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>MAR 7</u> , 19 <u>54</u> , and that death occurred at <u>2:50A</u> m., from the causes and on the date stated above.				
23a. SIGNATURE <u>John A. K. King M.D.</u>		23b. ADDRESS <u>506 Medical Arts Building</u>		23c. DATE SIGNED <u>3-10-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-10-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Reynolds Chapel Near Buffalo Mo</u>		
24d. LOCATION (City, town, or county) (State) <u>Buffalo Mo</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Jones</u>			
DATE REC'D BY LOCAL REG. <u>3-11-54</u>	REGISTRAR'S SIGNATURE <u>Earl Williamson</u>	ADDRESS <u>Buffalo Mo</u>		

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

MAR 13 1954

MAR 15 1954

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.....
Signature of Student Embalmer

Signed.....
Lenard B. Jones

Licensed Embalmer No. 2508

P. O. Address Buffalo, N.Y.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.