No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5833

FILED FEB 16 1954

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 41

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bonne Terre,
c. LENGTH OF STAY (In this place) 8 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Bonne Terre Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Mo.
b. COUNTY St. Francois
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Bismarck 0940
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) Myron b. (Middle) George c. (Last) Chavel
4. DATE OF DEATH (Month) (Day) (Year) Feb. 5, 1954
5. SEX Male
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH May, 17, 1885
9. AGE (In years last birthday) 68 | If under 1 year: Months 8 Days 18 | If under 24 hrs.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Policeman
10b. KIND OF BUSINESS OR INDUSTRY Same
11. BIRTHPLACE (City and State or Foreign Country) Buffalo, N.Y.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Jules Chavel
13b. MOTHER'S MAIDEN NAME Kate Chavel
14. NAME OF HUSBAND OR WIFE Anna Chavel
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW I
16. SOCIAL SECURITY NO. 355-16-8196
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Anna Chanel, Bismarck, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction — INTERVAL BETWEEN ONSET AND DEATH 8 days.

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 ☒

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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) m.
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* 2-2, 1953, *to* Feb 5, 1954, *that I last saw the deceased alive on* Feb 5, 1954, *and that death occurred at* 9:10 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE J. L. Foster (Degree or title) M.D.
23b. ADDRESS Desloge, Missouri
23c. DATE SIGNED 2-8-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 2-7-1954
24c. NAME OF CEMETERY OR CREMATORY Masonic
24d. LOCATION (City, town, or county) (State) Bismarck, Mo.

DATE REC'D BY LOCAL REG. Feb. 8, 1954
REGISTRAR'S SIGNATURE Esther Rudolph
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Shipman & Sons, Bismarck, Mo.

(Licensed Embalmer's Statement on Reverse Side)

FEB 16 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 _____
Student Embalmer

Signed John N. Shipman

Licensed Embalmer No. 4881

P. O. Address Bismarck, 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.