

FILED JUN 29 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19323

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 275

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JOPLIN		c. CITY OR TOWN JOPLIN	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) YEARS		e. STREET ADDRESS (If rural, give location) 1506 VIRGINIA AVE. 049^d	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1506 VIRGINIA AVE.			

3. NAME OF DECEASED (Type or Print)	a. (First) SYLVESTER	b. (Middle) ELLIS	c. (Last) CHADWELL	4. DATE OF DEATH (Month) (Day) (Year) JUNE 19, 1954
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5. SEX D M <input type="checkbox"/> F <input checked="" type="checkbox"/>	6. COLOR OR RACE W W <input type="checkbox"/> C <input type="checkbox"/> O <input type="checkbox"/>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH JULY 18, 1881	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) GROCCER	10b. KIND OF BUSINESS OR INDUSTRY GROCERY	11. BIRTHPLACE (City and State or Foreign Country) WILSONTOWN, MO.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME JAMES CHADWELL	13b. MOTHER'S MAIDEN NAME MARTHA CHADWELL	14. NAME OF HUSBAND OR WIFE NORA B. CHADWELL
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNK	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME MRS. NORA B. CHADWELL	ADDRESS 1506 VIRGINIA
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral thrombosis		INTERVAL BETWEEN ONSET AND DEATH 3 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis - Hypertension 8 yrs		
	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 332X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 17 June, 1954, to 17 June, 1954, that I last saw the deceased alive on 16 June, 1954 and that death occurred at 4:29 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title) MD ADDRESS 1719 1/2 Bldg	23c. DATE SIGNED 6-20-54
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 6-21-54	24c. NAME OF CEMETERY OR CREMATORY CARL JUNCTION	24d. LOCATION (City, town, or county) (State) CARL JUNCTION, MISSOURI
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DATE REC'D BY LOCAL REG. 6-22-54	REGISTRAR'S SIGNATURE <i>[Signature]</i> 138	25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.	ADDRESS _____
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JUN 28
Jeager County Health Of
County File Number 54-6
Date Filed JUN 28

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 *Steve Parker*.....

Licensed Embalmer No. 254

P. O. Address *John H.*.....

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.