

FILED NOV 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33286

0190

BIRTH NO. _____ REG. DIST. NO. 58 PRIMARY REG. DIST. NO. 4087 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <i>Carter</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Carter</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Van Buren</i>		c. CITY OR TOWN <i>Van Buren</i>	d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Residence</i>		e. STREET ADDRESS (If rural, give location) <i>Ken. Delaney</i>	
3. NAME OF DECEASED (Type or Print) <i>ORBY</i>		c. (Last) <i>CHAFFIN</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>Oct 27, 1954</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Aug 23, 1886</i>
9. AGE (In years last birthday) <i>68</i>		10. KIND OF BUSINESS OR INDUSTRY <i>Night Watchman</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Kentucky</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>		13. FATHER'S NAME <i>TIMMER CHAFFIN</i>	
14. MOTHER'S MAIDEN NAME <i>RACHEL DRIVER</i>		15. NAME OF HUSBAND OR WIFE <i>NORA CHAFFIN</i>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>NO</i>		17. SOCIAL SECURITY NO. <i>487-180-177</i>	
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.		19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Apothecary</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arteriosclerosis</i> 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 ☒		21. ACCIDENT SUICIDE HOMICIDE (Specify)	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐	
21e. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from <i>May 10, 1950</i> , to <i>Oct 27, 1954</i> , that I last saw the deceased alive on <i>Oct 26, 1954</i> , and that death occurred at <i>4:00</i> p.m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <i>Henry R. Ross, D.O.</i>		23b. ADDRESS <i>Van Buren, Mo.</i>	
23c. DATE SIGNED <i>11-5-54</i>		24a. BURIAL, CREMATION, REMOVAL (Specify) <i>BURIAL</i>	
24b. DATE <i>Oct 3, 1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Brane Cemetery</i>	
24d. LOCATION (City, town, or county) (State) <i>Carter Co. Mo</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Colman McGadden</i>	
DATE REC'D BY LOCAL REG. <i>Nov. 8-1954</i>		REGISTRAR'S SIGNATURE <i>Mrs Octa Benson</i>	

(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.....
Signature of Student Embalmer

Signed.....
Allen C. McArthur

Licensed Embalmer No. 459

P. O. Address *Van Buren*

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.