

XC 18026027
 REG. 3232 SL 801
 FILED OCT 26 1954

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.
 Registrar's No. 9252

BIRTH NO. REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003**

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE ILLINOIS b. COUNTY MONTGOMERY	
b. CITY OR TOWN St. Louis, Mo.	c. LENGTH OF STAY (In this place) 43 DAYS	c. CITY OR TOWN LITCHFIELD	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETERANS ADMINISTRATION HOSPITAL			
e. STREET ADDRESS		(If rural, give location) 8728	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) RICHARD	b. (Middle)	c. (Last) CHATMAN	(Month) 10	(Day) 11	(Year) 54

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 2-10-94	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BRICKLAYER		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION		11. BIRTHPLACE (City and State or Foreign Country) SHAWNEETOWN, ILLINOIS		12. CITIZEN OF WHAT COUNTRY? U.S.A.		

13a. FATHER'S NAME CHARLES CHATMAN	13b. MOTHER'S MAIDEN NAME ANNABELLE HEAD	14. NAME OF HUSBAND OR WIFE NELLIE CHATMAN
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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) YES WWI	16. SOCIAL SECURITY NO. 343051952	17. INFORMANT'S SIGNATURE OR NAME VA HOSPITAL RECORDS, ST. LOUIS, MO.	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LYMPHOSARCOMA		INTERVAL BETWEEN ONSET AND DEATH 1 YEAR
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	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 <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) 200.1
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **8-29, 1954**, to **10-11, 1954**, and that death occurred at **8:45 pm.**, from the causes and on the date stated above.

23a. SIGNATURE Donald L. Stoner M.D.	23b. ADDRESS VAH, ST. LOUIS, MO.	23c. DATE SIGNED 10-11-54
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24a. BURIAL, CREMATION, REMOVAL removal motor	24b. DATE 10-12-54	24c. NAME OF CEMETERY OR CREMATORY Crabtree Cem.	24d. LOCATION (City, town, or county) (State) Litchfield, Ill.
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DATE REC'D BY LOCAL REG. OCT 13 1954	REGISTRAR'S SIGNATURE Carl Smith	25. FUNERAL DIRECTOR'S SIGNATURE Southern Funeral Home	ADDRESS 6322 S. Grand Blvd., St. Louis, Mo.
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by Student Embalmer No.
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Francis J. Weyland*.....

Licensed Embalmer No.

P. O. Address 6322.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING
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.