

STANDARD CERTIFICATE OF DEATH

5829

State File No. ....

FILED MAR 1 1955

BIRTH NO. .... REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4428 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Pulaski b. CITY OR TOWN Richland, Missouri c. LENGTH OF STAY IN THIS PLACE 36 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pulaski

d. FULL NAME OF HOSPITAL OR INSTITUTION: None e. STREET ADDRESS (If rural, give location) None 0850

3. NAME OF DECEASED (Type or Print) a. (First) George b. (Middle) Russell c. (Last) Chalfant 4. DATE OF DEATH (Month) (Day) (Year) Feb. 21, 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH April 27/1867 9. AGE (In years last birthday) 87

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer 10b. KIND OF BUSINESS OR INDUSTRY Stock Dealer 11. BIRTHPLACE (City and State or Foreign Country) Camdenon Co, Richland, Mo R. 12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Louis P. Chalfant 13b. MOTHER'S MAIDEN NAME Maria Russell 14. NAME OF HUSBAND OR WIFE Estella Manuel

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Walter Chalfant ADDRESS Richland, Mo

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Hypostatic pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Bedsores DUE TO (c) S. triangulata pneumonia of peritonitis II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. diabetes - arteriosclerosis

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 20. AUTOPSY? YES NO X

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, 1955 to 2-21, 1955, that I last saw the deceased alive on 2-21, 1955, and that death occurred at 10:45 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) 23b. ADDRESS Richland, Missouri 23c. DATE SIGNED 2/23/55

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE Feb. 23/55 24c. NAME OF CEMETERY OR CREMATORY Chalfant Cemetery 24d. LOCATION (City, town, or county) (State) Richland, Mo Rural

DATE REC'D BY LOCAL REG. 2-23-55 REGISTRAR'S SIGNATURE Estella Mae Anderson 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Richland, Mo

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

RECEIVED 8-23-55  
Pulaski County Health Officer  
File Number  
Date Filed 8-26-55

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 *Walter J. Keegan*

Licensed Embalmer No. *426*

P. O. Address *Seneca, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.