

FILED JUL 19 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

21678

State File No. \_\_\_\_\_

BIRTH NO. _____		REG. DIST. NO. <u>101</u>		PRIMARY REG. DIST. NO. <u>5395</u>		Registrar's No. <u>37</u>			
1. PLACE OF DEATH a. COUNTY <u>Douglas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Douglas</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sweden Brown</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>Springfield</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) <u>0346</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ralph</u> b. (Middle) <u>Elsuworth</u> c. (Last) <u>Chaffee</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>June 16, 1955</u>					
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Sept. 19, 1882</u>			
9. AGE (In years last birthday) <u>62</u>		IF UNDER 1 YEAR Months Days		IF UNDER 18 HRS. Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) <u>1</u>			
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Builder</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					
13a. FATHER'S NAME <u>Samuel Chaffee</u>		13b. MOTHER'S MAIDEN NAME <u>Myrtle Fenton</u>		14. NAME OF HUSBAND OR WIFE <u>Nora Chaffee</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>446-05-1370</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Nora Chaffee</u> ADDRESS <u>Springfield, Mo.</u>					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Found dead, Had been swimming</u>  ANTECEDENT CAUSES DUE TO (b) <u>and was climbing a hill and</u> DUE TO (c) <u>Apparently died of a heart</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>attack.</u> <u>4343</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
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 <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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE <u>C.V. Chinkingheard</u> (Degree or title) <u>CORONER</u>				23b. ADDRESS <u>awa, Mo.</u>		23c. DATE SIGNED <u>6-17-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-23-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>awa</u>		24d. LOCATION (City, town, or county) (State) <u>awa Mo.</u>			
DATE REC'D BY LOCAL REG. <u>7-18-55</u>		REGISTRAR'S SIGNATURE <u>Vestal Bushman</u> <u>841</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chinkingheard Funeral Home</u> ADDRESS <u>awa Mo.</u>					

(Licensed Embalmer's Statement on Reverse Side)

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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 embalmed  
by me, or by ....., Student Embalmer No. ....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed. *Charles R. Fish*

Licensed Embalmer No. *466*

P. O. Address... *Port, m*

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.