

No. 300  
10-48

FILED AUG 22 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **25753**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **116** PRIMARY REG. DIST. NO. **3020** Registrar's No. **140**

1. PLACE OF DEATH  
a. COUNTY **Franklin**  
2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)  
a. STATE **Missouri** b. COUNTY **Washington**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Washington** c. LENGTH OF STAY (In this place) **2 WKS.**  
c. CITY OR TOWN **Richwoods** d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION **St. Francis Hospital** STREET ADDRESS (If rural, give location) **Richwoods Township 11001**

3. NAME OF DECEASED a. (First) **Blanch** b. (Middle) **Camelia** c. (Last) **Chazelle** 4. DATE OF DEATH (Month) (Day) (Year) **Aug. 13, '55**

5. SEX **F** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Married** 8. DATE OF BIRTH **June 24, 1888** 9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min. **67**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Housewife** 10b. KIND OF BUSINESS OR INDUSTRY **Home** 11. BIRTHPLACE (City and State or Foreign Country) **Richwoods, Mo.** 12. CITIZENSHIP OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Madison Highley** 13b. MOTHER'S MAIDEN NAME **Sarah Thomanson** 14. NAME OF HUSBAND OR WIFE **Charles Chazelle**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **no** 16. SOCIAL SECURITY NO. **none** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Charles Chazelle, Richwoods, Mo.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
MEDICAL CERTIFICATION  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Acute cerebral embolism**  
\*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.  
ANTECEDENT CAUSES DUE TO (b) **Chalery structure**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) **5.84.X**  
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. **hypertensive heart disease**  
INTERVAL BETWEEN ONSET AND DEATH **1 week**  
**3 days**

19a. DATE OF OPERATION **8-11-55** 19b. MAJOR FINDINGS OF OPERATION **Exp. on liver - cholelithiasis** 20. AUTOPSY? YES  NO

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) (Min.) \_\_\_\_\_ 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 **April**, 1954, to **Aug 13**, 1955, that I last saw the deceased alive on **Aug 12**, 1955, and that death occurred at **1:30 am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **[Signature]** 23b. ADDRESS **1105 2nd & Ebu, Washington Mo** 23c. DATE SIGNED **8-15-55**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Aug. 17, '55** 24c. NAME OF CEMETERY OR CREMATORY **St. Stephens** 24d. LOCATION (City, town, or county) (State) **Richwoods, Mo.**

DATE REC'D BY LOCAL REG. **8/15/55** REGISTRAR'S SIGNATURE **[Signature]** 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Cashy & Leroy St. Chas, Mo.**

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

(Licensed Embalmer's Statement on Reverse Side)

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 *K. M. Leroy*.....

Licensed Embalmer No. *360*  
P. O. Address *St. Clair*

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.