

FILED AUG 23 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26068

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 002 Registrar's No. 3457

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City OR TOWN Kansas City		c. CITY OR TOWN Hazel Green	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" 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) _____	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) Rufus	b. (Middle) Elmer	c. (Last) CHANDLER	August 7 1955		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, / WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 5-18-96	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) River Guide		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) Stoutland, Mo.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Robert Chandler		13b. MOTHER'S MAIDEN NAME Ellen Burgess		14. NAME OF HUSBAND OR WIFE Gladys Irene Chandler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. 500014146		17. INFORMANT'S SIGNATURE OR NAME Official VA Hospital Records, K. C. Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Gastro intestinal hemorrhage		ANTECEDENT CAUSES			48 hours	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (b) Gastric ulcer			Unknown length of time	
		DUE TO (c) _____				
II. OTHER SIGNIFICANT CONDITIONS		1. Aspiration pneumonia and pulmonary edema, 2. Generalized arteriosclerosis			54	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION moderate.			20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) _____		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 August 6, 1955 to August 7, 1955 (If not attended, delete) and that death occurred at 3:05 AM, from the causes and on the date stated above.

23. SIGNATURE M. R. Gunn (Degree or title) _____		23b. ADDRESS M. R. GUNN, VA Hospital, K. C. Mo.		23c. DATE SIGNED 8-7-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE AUG 8-1955		24c. NAME OF CEMETERY OR CREMATORY _____	
DATE REC'D BY LOCAL REG. 8-8-55		REGISTRAR'S SIGNATURE Neva Marshall		24d. LOCATION (City, town, or county) (State) LEBANON MISSOURI	
25. FUNERAL DIRECTOR'S SIGNATURE D. V. Newcomer's Sons		ADDRESS 1331-BRAUSH CREEK KANSAS CITY, MO.			

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 2

AUG 24 1955

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.....
James T. Deans

Licensed Embalmer No. 443

P. O. Address Kansas

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.