

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41526**BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **5902** Registrar's No. **19**

1. PLACE OF DEATH a. COUNTY Pemiscot		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pemiscot	
b. CITY OR TOWN Pemiscot	c. LENGTH OF STAY (in this place) 11 Years	c. CITY OR TOWN Hayti Mo. St. RT.	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION Hayti Mo. Star RT.		e. STREET ADDRESS (If rural, give location) Five Miles North Of Hayti Mo.	
3. NAME OF DECEASED (Type or Print) a. (First) Doise	b. (Middle) Deline	c. (Last) Chadwick	4. DATE OF DEATH (Month) (Day) (Year) 12 12 1955
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, UNMARRIED , WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH 9-15-1917
9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months 2 Days 27	IF UNDER 24 HRS. Hours 0 Min. 0	11. BIRTHPLACE (City and State or Foreign Country) McDougal Ark.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY House Wife	12. CITIZEN OF WHAT COUNTRY? U.S.A.	13a. FATHER'S NAME Pat Hayden
13b. MOTHER'S MAIDEN NAME Mary E. Landers	14. NAME OF HUSBAND OR WIFE Druey W. Chadwick	15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Druey W. Chadwick	ADDRESS Hayti Mo. Star RT	18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) Burned to death	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Burned to death
*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 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. 9/60	INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 16	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hayti town Pemiscot Mo	21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-12-55 10 A m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>
21f. HOW DID INJURY OCCUR? Home Burned	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 (Degree or title) John St. Herman Coroner	23b. ADDRESS Hayti Mo
23c. DATE SIGNED 12-12-55	24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-14-55	24c. NAME OF CEMETERY OR CREMATORY Boydsville Cemetery
24d. LOCATION (City, town, or county) (State) Boydsville, Ark	DATE REC'D BY LOCAL REG. 12-14-55	REGISTRAR'S SIGNATURE John St. Herman	25. FUNERAL DIRECTOR'S SIGNATURE John St. Herman
ADDRESS Hayti, Mo	ADDRESS	ADDRESS	ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

12-275-55

DEC 27 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

FEB 4 1956

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

Not Embalmed

Signed *John F. German*

Licensed Embalmer No. *435*

P. O. Address *Hayti, 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.