

FILED DEC 29 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41527

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5902 Registrar's No. 18

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 (If outside corporate limits, write RURAL and give township) OR TOWN Pemiscot c. LENGTH OF STAY (in this place) 7 Years

c. CITY OR TOWN Hayti Mo. Star RT. d. Is Residence within limits of a city or incorporated town? Yes  No

d. FULL NAME OF HOSPITAL OR INSTITUTION Hayti Star RT. Box 42 e. STREET ADDRESS (If rural, give location) Five Miles North Of Hayti Mo

3. NAME OF DECEASED a. (First) Odis b. (Middle) William c. (Last) Chadwick 4. DATE OF DEATH (Month) (Day) (Year) 12 12 1955

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED 8. DATE OF BIRTH Nov. 6. th 1948 9. AGE (In years last birthday) 7 IF UNDER 1 YEAR Months 1 Days 6 IF UNDER 24 HRS. Hour 1 Min. 0

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

13a. FATHER'S NAME Druey W. Chadwick 13b. MOTHER'S MAIDEN NAME Doise D. Hayden 14. NAME OF HUSBAND OR WIFE Druey W. Chadwick

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) 16. SOCIAL SECURITY NO. 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Druey W. Chadwick

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) Burned to 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. 9160

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION 19b. MAJOR FINDINGS OF OPERATION 16 20. AUTOPSY? YES  NO

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hayti top Pemiscot Mo 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Hayti top Pemiscot Mo

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 12-12-55 10 A m. 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  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 ADDRESS John St. Herman Hayti, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

12-368-55

DEC 27 1955

FEB 1 1956

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

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 H. German*

Licensed Embalmer No. *435*

P. O. Address *Hayte, 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.