

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

850

State File No. ....

FILED FEB 7 1956

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 4173 Registrar's No. 7

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) <u>Ava</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>Ava</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Myrtle June</u> b. (Middle) <u>Chaffee</u> c. (Last) <u>Chaffee</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 13, 1956</u>	
5. SEX <u>Fm.</u>	6. COLOR OF RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>Mar. 14, 1873</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife own home</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>83</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11a. FATHER'S NAME <u>Alpha Fenton</u>		11b. MOTHER'S MAIDEN NAME <u>Anna Hyde</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Lima, Ohio</u>
13a. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE <u>David Chaffee</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
17. INFORMANT'S SIGNATURE OR NAME <u>Brian Chaffee, Ava Mo.</u>		13. MOTHER'S MAIDEN NAME	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		14. NAME OF HUSBAND OR WIFE	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senility</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input 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) (Min.)		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 <u>1-10, 1955</u> , to <u>1-13, 1956</u> , that I last saw the deceased alive on <u>1-13, 1956</u> and that death occurred at <u>8:30 a.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE (Degree of title) <u>W. A. Shauver M.D.</u>		23b. ADDRESS <u>Ava, Missouri.</u>	
23c. DATE SIGNED <u>1-27-56</u>		24a. LOCATION (City, town, or county) (State) <u>Ava Mo.</u>	
24b. DATE <u>1-17-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Ava</u>	
24d. NAME OF CEMETERY OR CREMATORY		24e. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. <u>2-3-56</u>		REGISTRAR'S SIGNATURE <u>84-0 Vestal Bushman</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Chickeringhead Funeral Home</u>		ADDRESS <u>Ava Mo.</u>	

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

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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 *Lyle S. Clendinning*

Licensed Embalmer No. *48*

P. O. Address *Avon, Va.*

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.