

STANDARD CERTIFICATE OF DEATH

FILED JAN 16 1956

State File No.

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 4

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|--|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Newton</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>McDonald</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u> | | c. LENGTH OF STAY (In this place) <u>3 days</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sales Memorial Hospital</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Anderson (Rural)</u> | |
| | | d. STREET ADDRESS (If rural, give location) <u>Route # 1</u> | |

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|---|--|---|--|---|---|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH | | |
| a. (First) <u>Robert</u> | b. (Middle) <u>Yeager</u> | c. (Last) <u>Chandler</u> | (Month) <u>January</u> | (Day) <u>4</u> | (Year) <u>1956</u> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>November 1, 1887</u> | 9. AGE (In years last birthday) <u>68</u> | 10. IF UNDER 1 YEAR Months <u>2</u> Days <u>3</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>General</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Sarcoxie, Lawrence Co. Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA.</u> | |

| | | |
|---|---|---|
| 13a. FATHER'S NAME <u>Rad Chandler</u> | 13b. MOTHER'S MAIDEN NAME <u>Jennie Browning</u> | 14. NAME OF HUSBAND OR WIFE <u>Mrs. Flaua Chandler</u> |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If yes, give year or dates of service) <u>None</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Flaua Chandler Anderson, Mo</u> |

| | | | |
|---|--|-------------|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> | | |
| | ANTECEDENT CAUSES Aforbid 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. | | <u>4201</u> | |

| | | |
|---|--|--|
| 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) | 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 1-1, 1956, to 1-4, 1956, that I last saw the deceased alive on 1-4, 1956, and that death occurred at 2:00 p. m., from the causes and on the date stated above.

| | | |
|---|---------------------------|---|
| 23a. SIGNATURE (Degree or title) <u>Melvin C Bowman</u> | 23b. ADDRESS <u>223-0</u> | 23c. DATE SIGNED <u>1-9-56</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | 24b. DATE <u>1/4/56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>New Bethel Cemetery</u> |
| | | 24d. LOCATION (City, town, or county) (State) <u>Anderson, Rt. 1, Mo.</u> |

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|--|--|--|---------|
| DATE REC'D BY LOCAL REG. <u>1-9-56</u> | REGISTRAR'S SIGNATURE <u>Melvin C Bowman</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Robt. Funeral Home Anderson, Mo.</u> | ADDRESS |
|--|--|--|---------|

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

RECEIVED

District Health Officer No. _____
District File Number _____
Date Filed JAN 13 1956

NEWTON COUNTY HEALTH UNIT

NEOSHO, MISSOURI

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
Student Embalmer

Signed E. J. Papp

Licensed Embalmer No. 9458

P. O. Address Anderson, 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 this body is not embalmed, fact should be so stated above.