

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

5593

State File No. ....

FILED MAR 1 1956

Registrar's No. 61

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Macon</u>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Macon, Hudson Township</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirkville, Missouri</u>                                  |  |
| c. LENGTH OF STAY (In this place)  |  | d. STREET ADDRESS (If rural, give location) <u>1216 S. 1st. St.</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Still-Hildreth Sanatorium</u>                                   |  |  |  |

|                                     |                          |                           |                            |                                       |                      |
|-------------------------------------|--------------------------|---------------------------|----------------------------|---------------------------------------|----------------------|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>Walter</u> | b. (Middle) <u>Thomas</u> | c. (Last) <u>Chevalier</u> | 4. DATE OF DEATH (Month) (Day) (Year) | <u>Feb. 20, 1956</u> |
|-------------------------------------|--------------------------|---------------------------|----------------------------|---------------------------------------|----------------------|

|                    |                               |  |   |   |   |   |
|--------------------|-------------------------------|--|---|---|---|---|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH <u>August 19, 1883</u> | 9. AGE (In years last birthday) <u>72</u> | if UNDER 1 YEAR Months <u>4</u> Days <u>7</u> | if UNDER 12 HRS. Hours <u></u> Min. <u></u> |
|--------------------|-------------------------------|--|---|---|---|---|

|  |   |  |  |
|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baker</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Baking</u> | 11. BIRTHPLACE (City and State or Foreign Country) <u>Sublette, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
|--|---|--|--|

|  |  |                             |
|--|--|-----------------------------|
| 13a. FATHER'S NAME <u>James M. Chevalier</u> | 13b. MOTHER'S MAIDEN NAME <u>Isabelle McDole</u> | 14. NAME OF HUSBAND OR WIFE |
|--|--|-----------------------------|

|   |  |   |         |
|---|--|---|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u> | 16. SOCIAL SECURITY NO. <u>490-10-7153</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Isabelle Brown, daughter, Kirkville, Mo.</u> | ADDRESS |
|---|--|---|---------|

|  |   |  |                                  |
|--|---|--|----------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH |
|  | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute asphyxia</u>  |  |                                  |
|  | ANTECEDENT CAUSES<br>DUE TO (b) <u>Massive pulmonary hemorrhage</u><br><i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i><br>DUE TO (c) <u>Branchiogenous cancer</u> |  |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br><i>Conditions contributing to the death but not related to the disease or condition causing death.</i> <u>General arteriosclerosis</u>   |   |  |                                  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 Jan. 13, 1956, to Feb. 20, 1956, that I last saw the deceased alive on Feb. 20, 1956, and that death occurred at 3:30 p.m., from the causes and on the date stated above.

|   |                                |                                     |
|---|--------------------------------|-------------------------------------|
| 23a. SIGNATURE (Degree or title) <u>Nancy S. Still D.O.</u> | 23b. ADDRESS <u>Macon, Mo.</u> | 23c. DATE SIGNED <u>Feb. 20, 56</u> |
|---|--------------------------------|-------------------------------------|

|   |                          |  |   |
|---|--------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2/22/56</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Highland Park Cem.</u> | 24d. LOCATION (City, town, or county) (State) <u>Kirkville, Mo.</u> |
|---|--------------------------|--|---|

|  |  |     |  |                          |
|--|--|-----|--|--------------------------|
| DATE REC'D BY LOCAL REG. <u>2/2/56</u> | REGISTRAR'S SIGNATURE <u>Paula McNeely</u> | 185 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Dee Riley Funeral Home</u> | ADDRESS <u>Kirkville</u> |
|--|--|-----|--|--------------------------|

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

RECEIVED  
MACON COUNTY HEALTH DEPARTMENT  
County File No. 2.28.56  
Date Filed 8.56.31  
2.29.56

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 Charles L. Sutton

Licensed Embalmer No. 4577

P. O. Address Macon 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.