

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. **318** PRIMARY REG. DIST. NO. **1003** Registrar's No. **2475**

1. PLACE OF DEATH
a. COUNTY _____
b. CITY (If outside corporate limits, write RURAL and give town or township) **St. Louis**
c. LENGTH OF STAY (in this place) _____
d. FULL NAME OF HOSPITAL OR INSTITUTION **City Hospital #1**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE **Missouri**
b. COUNTY _____
c. CITY OR TOWN **St. Louis**
d. Is Residence within limits of a city or incorporated town? Yes No
e. STREET ADDRESS (If rural, give location) **1509 S. 11th st.**

3. NAME OF DECEASED
a. (First) **JIMMY**
b. (Middle) _____
c. (Last) **CHATMAN**
4. DATE OF DEATH (Month) (Day) (Year) **3-9-56**

5. SEX **male**
6. COLOR OR RACE **white**
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **single**
8. DATE OF BIRTH **8-5-1949**
9. AGE (In years last birthday) (Months) (Days) (Hours) (Mins.) **6**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **child**
10b. KIND OF BUSINESS OR INDUSTRY **none**
11. BIRTHPLACE (City and State or Foreign Country) **Poplar Bluff, Mo.**
12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Jim Chatman**
13b. MOTHER'S MAIDEN NAME **Imogene Moore**
14. NAME OF HUSBAND OR WIFE **none**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no**
16. SOCIAL SECURITY NO. **none**
17. INFORMANT'S SIGNATURE OR NAME **Jim Chatman**
ADDRESS **1509 S. 11th st.**

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Edema of Brain**
ANTECEDENT CAUSES (b) **Pulmonary Congestion**
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.
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.

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

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 NOT WHILE AT WORK
21f. HOW DID INJURY OCCUR? _____

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 **4:55 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **James M Kelly**
23b. ADDRESS **1300 Clark**
23c. DATE SIGNED **3-9-56**

24a. BURIAL, CREMATION, REMOVAL **removal**
24b. DATE **3-9-56**
24c. NAME OF CEMETERY OR CREMATORY _____
24d. LOCATION (City, town, or county) (State) **Poplar Bluff, Mo.**

DATE REC'D BY LOCAL REG. **MAR 9 1956**
REGISTRAR'S SIGNATURE **[Signature]**
25. FUNERAL DIRECTOR'S SIGNATURE **Greer-Croy-Fitch**
ADDRESS **Poplar Bluff, Mo.**

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

0.300
0.48

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 *Bill C. Drayton*.....

Licensed Embalmer No. *127*.....

P. O. Address *S.F. 6.02*.....

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.