

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15593**

FILED JUN 11 1956

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **10007** Registrar's No. **617**

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Lafayette	
b. CITY OR TOWN St. Joseph	c. LENGTH OF STAY (in this place) 94-7-9-60	c. CITY OR TOWN Bates City	d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME (OF HOSPITAL OR INSTITUTION) State Hospital no 2		e. STREET ADDRESS (If rural, give location) Rural	

3. NAME OF DECEASED (Type or Print) a. (First) Joe b. (Middle) _____ c. (Last) Chiles			4. DATE OF DEATH (Month) (Day) (Year) June 6 - 1956		
5. SEX male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH May 10 1891	9. AGE (In years last birthday) 65	IF UNDER 1 YEAR Days 0 IF UNDER 24 HRS. Hours 26 Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME John Franklers Chiles	13b. MOTHER'S MAIDEN NAME Alice Mercer	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 County Clerk, Lafayette County, Mo. ADDRESS _____

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Broncho - Pneumonia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerosis + hypertension DUE TO (c) _____		
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Mental Deficiency			

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) 447X
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 **5-15-56**, 19**56**, to **6-5-56**, 19**56**, that I last saw the deceased alive on **6-5-56**, 19**56**, and that death occurred at **10:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) A.H. Manaway	23b. ADDRESS M.D. State Hospital no. 2, St. Joseph, Mo.	23c. DATE SIGNED 6-6-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 6/8/56	24c. NAME OF CEMETERY OR CREMATORY Kirksville School
24d. LOCATION (City, town, or county) (State) Kirksville MO		

DATE REC'D BY LOCAL REG. June 8, 1956	REGISTRAR'S SIGNATURE Cather M. Allison	FUNERAL DIRECTOR'S SIGNATURE John B. Pappert	ADDRESS St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

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 *Alvin E. Byer*.....

Licensed Embalmer No. *479*.....

P. O. Address *St. Joseph*.....

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his OWN HANDWRITING. (F
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.