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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16964

State File No.

FILED JUN 13 1956

BIRTH NO. _____		REG. DIST. NO. <u>181</u>		PRIMARY REG. DIST. NO. <u>5677</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>LINCOLN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before adjustment). a. STATE <u>Missouri</u> b. COUNTY <u>Lincoln</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL (UNION)</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN _____		d. Is 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 <u>FAMILY RESIDENCE</u>				e. STREET ADDRESS (If rural, give location) <u>NEAR AUBURN</u> <u>0510</u>			
3. NAME OF DECEASED (Type or Print) <u>JAMES</u>		a. (First)		b. (Middle) <u>Reed</u>		c. (Last) <u>CHANDLER</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>5-1-1956</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>12-16-1872</u>		9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>15</u>		IF UNDER 24 HRS. Hours <u></u> Min. <u></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>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln County Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Abraham Chandler</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Gladney</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie Jeffries Chandler</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Bessie Chandler Elsbury 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					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Sanguine of foot.</u>					
		DUE TO <u>Amputation of one foot.</u>					
		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 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) <u>4501</u> (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 <u>Nov. 28, 1951</u> , to <u>May 1, 1956</u> , that I last saw the deceased alive on <u>May 1, 1956</u> , and that death occurred at <u>7 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. M. Penn. M.D.</u> (Degree or title)				23b. ADDRESS <u>Wiley Mo.</u>		23c. DATE SIGNED <u>May 3 '56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-3-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Auburn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lincoln County Mo.</u>	
DATE REC'D BY LOCAL REG. <u>6/11/56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Clarence Kientz</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clifton Miller - Elsbury Mo</u>			

(Licensed Embalmer Statement on Reverse Side)

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 May 1-1956, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed Clifton Miller
Licensed Embalmer No. 336

P. O. Address Elshemy

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.