

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

19290

FILED JUN 15 1956

State File No.

BIRTH NO. _____ REG. DIST. NO. 328 PRIMARY REG. DIST. NO. 2073 Registrar's No. 18

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>	
b. CITY OR TOWN <u>CHAFFEE</u>		c. CITY OR TOWN <u>CHAFFEE</u>	
c. LENGTH OF STAY (in this place) <u>39 YRS</u>		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>408 COOHT AVE.</u>		STREET ADDRESS (If rural, give location) <u>408 COOHT AVE.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>HATTIE</u> b. (Middle) <u>ELIZABETH</u> c. (Last) <u>TELSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JUNE 2 1956</u>		
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	
8. DATE OF BIRTH <u>SEPT. 18. 1878</u>		9. AGE (In years last birthday) <u>77</u>		10. IF UNDER 1 YEAR Months <u>8</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>HOUSEWORK</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>ELIZABETH TOWN ILL.</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>NO RECORD</u>		13b. MOTHER'S MAIDEN NAME <u>NO RECORD</u>	
14. NAME OF HUSBAND OR WIFE <u>JAMES TELSON</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <input checked="" type="checkbox"/>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	
17. INFORMANT'S SIGNATURE OR NAME <u>Cleo Telson Chaffee Mo.</u>		18. ADDRESS <u>Mo.</u>		19. MEDICAL CERTIFICATION	

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, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Peripheral Vascular Collapse</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>nephrosis & nephrosclerosis</u>		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>A-V Bundle Branch Block</u>		<u>6 wks.</u>	
		DUE TO (c) <u>Arteriosclerosis</u>		<u>10 yrs.</u>	
				<u>2 yrs.</u>	

19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Chaffee Scott Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>none</u>	

22. I hereby certify that I attended the deceased from Aug. 4, 1954, to June 2, 1956, that I last saw the deceased alive on June 2, 1956, and that death occurred at 9:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>H. H. Nehmeyer, D.O.</u>		23b. ADDRESS <u>Chaffee, Missouri</u>		23c. DATE SIGNED <u>6/4/56</u>	
24a. BURIAL, CREMATION, REPOVAL (Specify) <u>B</u>		24b. DATE <u>JUNE 5-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>UNION PART</u>	
				24d. LOCATION (City, town, or county) (State) <u>CHAFFEE MO.</u>	

DATE REC'D BY LOCAL REG. <u>6-6-56</u>		REGISTRAR'S SIGNATURE <u>Wm Paul Bigley Jr</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wm Stubb Chaffee Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 11 1958

DATE RECEIVED _____

SECRET CO. HEALTH DEPT.

FILE NO. 1056-133

JUN 12 1958

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 Eugene L. Stubbs, Student Embalmer No. 528 working under my personal supervision.

Student Eugene L. Stubbs
Signature of Student Embalmer

Signed J. [Signature]
Licensed Embalmer No. 3810
P. O. Address Cape Charles

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.