

FILED AUG 22 1956

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **27631**

BIRTH NO. _____ REG. DIST. NO. **209** PRIMARY REG. DIST. NO. **3043** Registrar's No. **272**

1. PLACE OF DEATH a. COUNTY Marion		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal Rural Route Three		c. LENGTH OF STAY (in this place) 25 yrs.	c. CITY OR TOWN Hannibal
d. FULL NAME OF HOSPITAL OR INSTITUTION Mt. Olivet Heights Rural Route Three		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS Rural Route Three		0640	

3. NAME OF DECEASED (Type or Print) a. (First) LUAMMA	b. (Middle) C.	c. (Last) CHATFIELD	4. DATE OF DEATH (Month) (Day) (Year) 7 - 15 - 56
---	-----------------------	----------------------------	---

5. SEX <input checked="" type="checkbox"/> Male	6. COLOR OR RACE <input checked="" type="checkbox"/> White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <input checked="" type="checkbox"/> Married	8. DATE OF BIRTH May 6, 1879	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____
---	--	--	-------------------------------------	---	---	---------------------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Grave Worker	10b. KIND OF BUSINESS OR INDUSTRY Cemetery	11. BIRTHPLACE (City and State or Foreign Country) Marion County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.
---	---	---	--

13a. FATHER'S NAME C.L. Chatfield	13b. MOTHER'S MAIDEN NAME Alice ?????	14. NAME OF HUSBAND OR WIFE Maggie Begley Chatfield
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. 490-07-8956	17. INFORMANT'S SIGNATURE OR NAME Mrs. Maggie Chatfield	ADDRESS Hannibal, Mo.
--	--	--	------------------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Thrombosis		
	ANTECEDENT CAUSES Morbidity 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 <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) m.	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**, 19**26**, to **7-15**, 19**56**, that I last saw the deceased alive on **7-13**, 19**56**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) [Signature]	23b. ADDRESS [Signature]	23c. DATE SIGNED 7/16/56
---	---------------------------------	---------------------------------

24a. BURIAL (CREMATION, REMOVAL) (Specify) Burial	24b. DATE 7-17-56	24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery	24d. LOCATION (City, town, or county) (State) Hannibal, Missouri
--	--------------------------	---	---

DATE REC'D BY LOCAL REG. 8-14-56	REGISTRAR'S SIGNATURE Dr. Em. Lucette By Waters	25. FUNERAL DIRECTOR'S SIGNATURE Frank Selverly	ADDRESS Hannibal, Mo.
---	--	--	------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

1897

RECEIVED AUG 20 1956
MARION CO. HEALTH DEPT.
DATE FILED AUG 20 1956

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.....
Licensed Embalmer No. 4900
P. O. Address Hennrich

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.