

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3059 Registrar's No. 301

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bonne Terre</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>WORTHAM</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>AUGUY</u> b. (Middle) <u>D.</u> c. (Last) <u>CHADEL</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG. 22, 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>April 24, 1896</u>		9. AGE (In years last birthday) Months Days Hours Min. <u>60 3 28</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mining</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Bollinger Co. MO</u>	

13a. FATHER'S NAME <u>Pinkney Chadel</u>	13b. MOTHER'S MAIDEN NAME <u>Ellen Shanks</u>	14. NAME OF MARRIED OR WIFE <u>Eva Chadel</u>
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15. WAS DECEASED/EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES WWI</u>	16. SOCIAL SECURITY NO. <u>493-03-9110</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Oscar Crader Flat River, Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>about 6 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma Throat</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 8/21, 1956, to 8/22, 1956, that I last saw the deceased alive on 8/22, 1956, and that death occurred at 10 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Paul L. Jones MD</u>	23b. ADDRESS <u>Flat River, Mo</u>	23c. DATE SIGNED <u>8/25/56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 26, 1956</u>	24c. NAME OF CEMETERY OR CREMATORY <u>PARKVIEW</u>	24d. LOCATION (City, town, or county) (State) <u>NEAR FARMINGTON MO.</u>
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DATE REC'D BY LOCAL REG. <u>8-25-56</u>	REGISTRAR'S SIGNATURE <u>Esther Redlaff</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Raymond Caldwell Jones Flat River, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

SEP 18 1956

SEP 5 1956

SEP 7 1956

SEP 15 1957

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 *R. Caldwell*

Licensed Embalmer No. *253*

P. O. Address *Flat River*

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.