

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 30 1956

STATE FILE NUMBER **34765**

Registration District No. **209** Primary Registration District No. **3043** Registrar's No. **365**

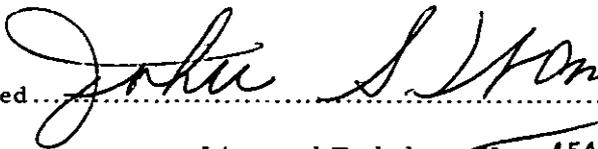
1. PLACE OF DEATH a. COUNTY Marion			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Marion		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Hannibal		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital			Length of stay in lb 10/13/56	d. STREET ADDRESS (If outside, give location) 121 South Fifth	
3. NAME OF DECEASED (Type or print) Oscar Willis Chandler			First Oscar	Middle Willis	Last Chandler
4. DATE OF DEATH October 19, 1956	Month October	Day 19	Year 1956		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH February 2, 1883	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 8 Days 17 Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Lebanon Missouri		12. CITIZEN OF WHAT COUNTRY? U S A
13. FATHER'S NAME Willis Chandler			14. MOTHER'S MAIDEN NAME Mary Jane Jessup		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 490-07-8764	17. INFORMANT Address Mrs. O. W. Chandler Hannibal Missouri		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary occlusion					INTERVAL BETWEEN ONSET AND DEATH 6 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY STATE
21. I attended the deceased from 10-13-56 to 10-19-56 and last saw alive on 10-19-56 Death occurred at 2:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE [Signature]			22b. ADDRESS Hannibal Mo		22c. DATE SIGNED 10-24-56
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 10/22/56	23c. NAME OF CEMETERY OR CREMATORY Riverside Cemetery		23d. LOCATION (City, town, or county) (State) Hannibal Missouri
24. FUNERAL DIRECTOR W. Crawford Smith		ADDRESS Hannibal Missouri	25. DATE RECD. BY LOCAL REG. 10-25-56		26. REGISTRAR'S SIGNATURE [Signature]

RECEIVED OCT 29 1956
MARION CO. HEALTH DEPT.
DATE FILED OCT 29 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em-
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....


Licensed Embalmer No...454

P. O. Address...Hannibal M

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