FILED JAN 3 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

42152

STATE FILE NUMBER

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 464

1. PLACE OF DEATH
a. COUNTY: Marion.
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hannibal, Missouri — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): StElizabeth Hospital 10Mi — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Ralls.
c. CITY OR TOWN: Perry, Missouri .0871 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Perry, Missouri. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First JAMES Middle LEO Last CHANDLER.

4. DATE OF DEATH Month Day Year: Dec 26, 1956.

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Feb 10, 1910

9. AGE (In years last birthday): 46 — IF UNDER 1 YEAR: Months 10 Days 16 — IF UNDER 24 HRS.: 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: Farm Labor

11. BIRTHPLACE (City and state or country): Audrain Co, Missouri

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13. FATHER'S NAME: Loyd Chandler.

14. MOTHER'S MAIDEN NAME: Mary Lee Manley.

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: 497-01-7198

17. INFORMANT: Loyd Chandler — Address: Perry, Mo.

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 thrombases — INTERVAL BETWEEN ONSET AND DEATH: 3 hr

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): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 Dec 26, 56, to Dec 26, 56 and last saw her/him alive on Dec 26, 56. Death occurred at 2:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): E. T. Swan D.O. 2

22b. ADDRESS: Perry, Missouri.

22c. DATE SIGNED: 12-26-56

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 12-28-56

23c. NAME OF CEMETERY OR CREMATORY: Lickcreek Cemetery

23d. LOCATION (City, town, or county) (State): Perry, Missouri.

24. FUNERAL DIRECTOR: Clyde B. Wilbey — ADDRESS: Perry, Mo.

25. DATE RECD. BY LOCAL REG.: 12-28-56 12-29

26. REGISTRAR'S SIGNATURE: Dr. E. M. Lucke By W. C. Fisher

(Licensed Embalmer's Statement on Reverse Side) 56

MEDICAL CERTIFICATION

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

RECEIVED JAN 2 1957
MARION CO. HEALTH DEPT.
DATE FILED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was en

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Clyde C. Wilson

Licensed Embalmer No. 38

P. O. Address Perry, Mo.

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.