

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7325

FILED MAR 11 1957

STATE FILE NUMBER

Registration District No. 362 Primary Registration District No. 4531 Registrar's No. 78

health, Welfare  
Public  
service

300  
-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

001

1. PLACE OF DEATH a. COUNTY <b>Warren</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jefferson</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Warrenton</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Festus, Missouri</b>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Katie Jane Home</b>		Length of stay in lb <b>5 Months</b>	d. STREET ADDRESS (If outside, give location) <b>Mountain View Home</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Mary "Node" Chandler</b>			4. DATE OF DEATH Month Day Year <b>Feb. 17, 1957</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>unknown about</b>	9. AGE (In years last birthday) <b>92</b>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>unknown</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>unknown</b>		12. CITIZEN OF WHAT COUNTRY? <b>unknown</b>
13. FATHER'S NAME <b>Unknown</b>			14. MOTHER'S MAIDEN NAME <b>Unknown</b>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>unknown</b>		16. SOCIAL SECURITY NO. <b>unknown</b>	17. INFORMANT Address <b>Katie Jane Home records, Warrenton, MO.</b>		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Verdict of Coroner's Jury.</b>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to, above cause (a), stating the underlying cause last. DUE TO (b) <b>Death due to fire at Katie Jane Home, about</b>					<b>2:35 P.M.</b>
DUE TO (c) <b>Origin of fire undetermined.</b>					<b>9/67</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>40</b>					19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) <b>Burning of Katie Jane Home</b>			
20c. TIME OF INJURY Hour: Month, Day, Year a. m. p. m.					
20d. INJURY OCCURRED WHILE AT WORK <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.) <b>Warrenton Home</b>		20f. CITY, TOWN, OR LOCATION COUNTY <b>109</b> STATE <b>MO</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>D. E. H. [Signature]</b> Coroner 3			22b. ADDRESS <b>Warrenton, Missouri</b>		22c. DATE SIGNED <b>3-10-57</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Mass Burial</b>		23b. DATE <b>2-26-57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Warrenton, Missouri</b>
24. FUNERAL DIRECTOR ADDRESS <b>F. W. Nieburg &amp; Co., Warrenton, Mo</b>			25. DATE RECD. BY LOCAL REG. <b>3-10-57</b>		26. REGISTRAR'S SIGNATURE <b>Floyd Logan</b>

STATEMENT BY LICENSED EMBALMER

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

Student.....  
Signature of Student Embalmer

Signed *John J. McBeary*.....

Licensed Embalmer No. *38*

P. O. Address *Warrenton*

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.