V.S. No. 300
Rev. 10.48

FILED APR 2 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9344

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5709 Registrar's No. 24

0600

1. PLACE OF DEATH
a. COUNTY McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Goodman Rt. 1
c. LENGTH OF STAY (in this place) 12 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 5 miles S. W.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY McDonald
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Goodman 0600
d. STREET ADDRESS (If rural, give location) 5 miles S. W. 0

3. NAME OF DECEASED (Type or Print)
a. (First) Esther
b. (Middle) (none)
c. (Last) Chandler

4. DATE OF DEATH (Month) (Day) (Year) March 23, 1957

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH June 22, 1901
9. AGE (In years last birthday) 55 — If under 1 year: Months 9 Days 1 — If under 24 hrs.: Hours ___ Min. ___

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife
10b. KIND OF BUSINESS OR INDUSTRY At Home
11. BIRTHPLACE (City and State or Foreign Country) Aurora, Missouri 0
12. CITIZEN OF WHAT COUNTRY? USA.

13a. FATHER'S NAME Arch Leach
13b. MOTHER'S MAIDEN NAME Emma Stone
14. NAME OF HUSBAND OR WIFE Earl Chandler

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No — (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Earl Chandler, Goodman, Missouri.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Sudden

ANTECEDENT CAUSES

Morbid 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 4201
20. AUTOPSY? YES ☐ NO ☒ 2

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at 8:35P. m., from the causes and on the date stated above.

23a. SIGNATURE W M Humphrey Jr. (Degree or title) Coroner
23b. ADDRESS Noel Mo.
23c. DATE SIGNED 3-26-57

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3/26/57
24c. NAME OF CEMETERY OR CREMATORY Banner Cemetery
24d. LOCATION (City, town, or county) (State) Goodman Rt. 1, Missouri.

DATE REC'D BY LOCAL REG. 3-27-57
REGISTRAR'S SIGNATURE Mayme Humphrey
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Ralph's Funeral Home Goodman Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

423
0

APR 2 1957

JUL 5 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 _____
Student Embalmer

Signed Earl Rapp

Licensed Embalmer No. 3458

P. O. Address Anderson Mo

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 this body is not embalmed, fact should be so stated above.