FILED JUN 26 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

20812
STATE FILE NUMBER

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 104

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

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

3. NAME OF DECEASED (Type or print): First John Middle Thomas Last Chandler

4. DATE OF DEATH Month JUNE Day 15 Year 1957

5. SEX white **6. COLOR OR RACE** Male **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐ **8. DATE OF BIRTH** April 3, 1874 **9. AGE** (In years last birthday) 83 — IF UNDER 1 YEAR: Months, Days; 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** Agriculture **11. BIRTHPLACE** (City and state or country) Linn County Missouri **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13. FATHER'S NAME Joseph Chandler **14. MOTHER'S MAIDEN NAME** Lydia Winger Chandler

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.** **17. INFORMANT** Mrs.L.D. Harris Address St. Joseph Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Thrombosis — suddenly
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arterio Sclerosis — 1 or 2 yrs
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 ☒ I

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 May 26-57 to June 14-57 and last saw him alive on May 10-57
Death occurred at 2 00 m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE E. A. Duffy M.D. (Degree or title) **22b. ADDRESS** Trenton Mo **22c. DATE SIGNED** June 18-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial **23b. DATE** June 18,1957 **23c. NAME OF CEMETERY OR CREMATORY** Maple Grove Cemetery **23d. LOCATION** (City, town, or county) Trenton, Missouri, Mo. (State)

24. FUNERAL DIRECTOR J.Gordon Blackmore **ADDRESS** Trenton, Mo. **25. DATE RECD. BY LOCAL REG.** 6-18-57 **26. REGISTRAR'S SIGNATURE** Irene Fair

E.A. Duffy

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

A. 2.

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 Leo D. Whitake

Licensed Embalmer No. 4

P. O. Address Trenton

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.