FILED AUG 19 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

'57 027715
STATE FILE NUMBER

Registration District No. 55 Primary Registration District No. 3011 Registrar's No. 67

1. PLACE OF DEATH
a. COUNTY: Carroll
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Carrollton — Inside Limits: Yes X No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 219 East Benton — Length of stay in 1b: 2 Mts.

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

3. NAME OF DECEASED (Type or print): First: Ote Middle: Campbell Last: Chunn

4. DATE OF DEATH: Month 8- Day 5- Year 57

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED X **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐

8. DATE OF BIRTH: Jan. 17 1871

9. AGE (In years last birthday): 86 — 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: Farming

11. BIRTHPLACE (City and state or country): Carroll County.

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

13. FATHER'S NAME: John Chunn

14. MOTHER'S MAIDEN NAME: Emma Blankenship/

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

16. SOCIAL SECURITY NO.: 489-44-2498

17. INFORMANT Address: (Amanda Chunn(Carrollton Mo.)

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 4 wks
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): 332x

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 July 7, 1957 to Aug. 5, 1957 and last saw him alive on Aug 5, 1957
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 (Degree or title): Everett L. Smith D.O.

22b. ADDRESS: 101 9th St. Carrollton, Mo.

22c. DATE SIGNED: 8-6-57

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

23b. DATE: 8- 7-57

23c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery

23d. LOCATION (City, town, or county) (State): Carrollton Mo.

24. FUNERAL DIRECTOR ADDRESS: Marshall F. Home(Carrollton Mo.

25. DATE RECD. BY LOCAL REG.: 8-7-57

26. REGISTRAR'S SIGNATURE: Mrs Herbert Calvert

(Licensed Embalmer's Statement on Reverse Side)

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.

DEC 5 1957

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed R. M. Marshall

Licensed Embalmer No. 25

P. O. Address Carrolls

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.