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FILED AUG 20 1957

STANDARD CERTIFICATE OF DEATH

30612
STATE FILE NUMBER

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY VERNON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MC DONALD	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON TOWNSHIP		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN PINEVILLE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STATE HOSP. # 3		Length of stay in 1b 10 DAYS	d. STREET ADDRESS (If outside, give location) PINEVILLE
3. NAME OF DECEASED (Type or print) First Middle Last MAUDE CHASE			4. DATE OF DEATH Month Day Year AUGUST 16 1957
5. SEX F.	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH JAN. 10. 1881
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WIFE		9b. KIND OF BUSINESS OR INDUSTRY NONE	9. AGE (In years last birthday) 76 YRS
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) MISSOURI
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10d. KIND OF BUSINESS OR INDUSTRY	12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME UNKNOWN		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE SAMUEL CHASE
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) UNKNOWN		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT HOSPITAL RECORDS
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BRONCHOPNEUMONIA			INTERVAL BETWEEN ONSET AND DEATH 2 DAYS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) CORONARY VESSEL DISEASE			INTERVAL BETWEEN ONSET AND DEATH MAN Y YEARS
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT SUICIDE HOMICIDE NONE		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. NONE			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/>		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 AUG. 4. 1957 to AUG. 16. 1957 and last saw ^{her} him alive on AUG. 16. 1957 Death occurred at 6:30 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Edmund J. Ferris</i>		22b. ADDRESS Nevada Mo	22c. DATE SIGNED 8-16-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1957 August 19	23c. NAME OF CEMETERY OR CREMATORY Pineville Cemetery	23d. LOCATION (City, town, or county) (State) Pineville Missouri
24. FUNERAL DIRECTOR Ferry Funeral Home Nevada, Mo		25. DATE RECD. BY LOCAL REG. 8-17-57	26. REGISTRAR'S SIGNATURE <i>Arma & Ferris</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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
Signature of Student Embalmer

Signed *B. J. Lindley*
Licensed Embalmer No. *482*
P. O. Address *Florida*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.