

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-028258  
STATE FILE NUMBER

FILED AUG 25 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 900

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>St. Joseph</b> 6117
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Joseph Hospital</b>		Length of stay in lb <b>44 Years</b>	d. STREET ADDRESS (If outside, give location) <b>1902 Delmar Ave.,</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>THEODORE ALBERT CHANCE</b>		4. DATE OF DEATH Month Day Year <b>August, 19, 1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Dec. 28, 1913</b>
9. AGE (In years last birthday) <b>44 Yrs.</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer &amp; Subst. Mail Carrier</b>	11. BIRTHPLACE (City and state or country) <b>St. Joseph, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>Mr. Albert Chance</b>	
14. MOTHER'S MAIDEN NAME <b>Mrs. Emma Mabel Wehrman</b>		15. NAME OF HUSBAND OR WIFE <b>None</b>	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>Yes W.W. # 2</b>		17. SOCIAL SECURITY NO. <b>491-10-5787</b>	18. INFORMANT <b>Albert Chance, St. Joseph, Missouri</b>
19. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Traumatic Shock &amp; Hemorrhage</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr + 25 min</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Gunshot wound of head</b>		DUE TO (c) <b>976 X</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II, if applicable) <b>Parents heard shot at 4:20 a.m. in bathroom. His father (Albert Chance) found him bleeding.</b>		
20c. TIME OF INJURY <b>4:20 a.m. Aug 19 1958</b>	20d. PLACE OF INJURY (e.g., in or about home, farm, city, street, office bldg., etc.) <b>St. Joseph</b>		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <b>1902 Delmar ave St. Joseph Buchanan Mo</b>		
21. I attended the deceased from <b>deceased body to Aug 19 1958</b> and last saw him alive on <b>5:45 a.m.</b> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>S. M. Meloney, M.D. Coroner</b>		22b. ADDRESS <b>24 Kirkpatrick St. St. Joseph, Mo</b>	
22c. DATE SIGNED <b>Aug 19 1958</b>		22d. (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Aug. 21, 1958</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Ashland Cemetery</b>	23d. LOCATION (City, town, or county) <b>St. Joseph, Missouri</b>
24. FUNERAL DIRECTOR <b>St. James Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>Aug 26, 1958</b>	26. REGISTRAR'S SIGNATURE <b>Mr. Clark Sandell</b>

All diseases in Part I must be causally related. Use only black ink or ribbon typewrite if possible. Medical certification. No symptoms will be listed.

SEP 8 1958

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 *Charles E. Bennett*

Licensed Embalmer No. *14677*

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