

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029724

State File No.

FILED AUG 18 1958

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 5808 Registrar's No. 103

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

1. PLACE OF DEATH a. COUNTY Montgomery		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Warren	
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural Bear Creek Township		c. CITY (If outside corporate limits, write RURAL and give township) Pendleton	
c. LENGTH OF STAY (In this place) 2 1/2 yrs.		d. STREET ADDRESS (If rural, give location) Warrenton Rural Route #3	
d. FULL NAME OF HOSPITAL OR INSTITUTION Marys Nursing Home			

3. NAME OF DECEASED (Type or Print) a. (First) Anna	b. (Middle) Eliza	c. (Last) Chiles	4. DATE OF DEATH (Month) (Day) (Year) Aug. 11, 1958
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH Aug. 20, 1874	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 4 HRS. Hours	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (State or foreign country) Warren County, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Joseph P. Chiles	13b. MOTHER'S MAIDEN NAME Eliza McIntyre	14. NAME OF HUSBAND OR WIFE none
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Oliver Shaw R.R.#3 Warrenton, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarct		INTERVAL BETWEEN ONSET AND DEATH 12 hrs.	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Uremia			72 hrs.
	DUE TO (c) Chronic Nephritis.			3 wks.
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 592X
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Aug 10 19 58 to Aug 11, 19 58 that I last saw the deceased alive on Aug 10, 19 58, and that death occurred at 9:20 m., from the causes and on the date stated above.

23a. SIGNATURE Dr. J. J. Anderson	(Degree or title)	23b. ADDRESS 200. Jonesburg, Mo.	23c. DATE SIGNED 8/11/58
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24a. BURIAL CREMATION REMOVAL (Specify) Burial	24b. DATE 8-13-58	24c. NAME OF CEMETERY OR CREMATORY City Cemetery	24d. LOCATION (City, town, or county) (State) Warrenton, Mo.
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DATE REC'D BY LOCAL REG. 8-11-1958	REGISTRAR'S SIGNATURE Laura B. Ballawag	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS F.W. Nieburg & Co., Warrenton, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *John J. Lieburg*.....

Licensed Embalmer No. *3897*.....

P. O. Address *Warrenton, Ore.*.....

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.