

THE DIVISION OF HEALTH OF MISSOURI
STANDARD REGISTRATION OF DEATH

58-035886

STATE FILE NUMBER

FILED OCT 23 1958

Registration District No. 88 Primary Registration District No. 5325 Registrar's No. 33

300
1-56
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505
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | |
|--|----------------------------------|--|--|
| 1. PLACE OF DEATH a. COUNTY CRAWFORD | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY CRAWFORD | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN COURTOISE TWP. | | c. CITY OR TOWN COURTOISE TWP. | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 10 M. SE STEELVILLE | | Length of stay in lb APP. 2 YRS. | |
| 3. NAME OF DECEASED (Type or print) RICHARD LEE CHANDLER | | 4. DATE OF DEATH OCT. 17-1958 | |
| 5. SEX MALE | 6. COLOR OR RACE WHITE | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH OCT. 28-1956 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 100. KIND OF BUSINESS OR INDUSTRY | |
| 13. FATHER'S NAME FLOYD CHANDLER | | 14. MOTHER'S MAIDEN NAME GOLDIE STOURP | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | |
| 17. INFORMANT FLOYD CHANDLER-STEELVILLE, MO. | | Address | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) My drowning after hearing the evidence and testimony of the jury (death by Drowning) | | | INTERVAL BETWEEN ONSET AND DEATH |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) 9290 | | | |
| 20a. ACCIDENT <input type="checkbox"/> | SUICIDE <input type="checkbox"/> | HOMICIDE <input type="checkbox"/> | 200. 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. | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE 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 028 | | COUNTY STATE | |
| 21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE James M. Brown (Degree or title) 3 | | 22b. ADDRESS St. Louis, Mo. | |
| 22c. DATE SIGNED | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) | | 23b. DATE | |
| BURIAL | | 10-19-58 | |
| 23c. NAME OF CEMETERY OR CREMATORY CENTER POST CEM. | | 23d. LOCATION (City, town, or county) (State) CRAWFORD Co., Mo. | |
| 24. FUNERAL DIRECTOR Harold Helbert-STEELVILLE, Mo. | | 25. DATE RECD. BY LOCAL REG. 10/20/58 | |
| 26. REGISTRAR'S SIGNATURE Mrs. Hazel Lichius | | | |

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 *Thomas S. Haller*.....

Licensed Embalmer No. *435*

P. O. Address *Steubenville*.....

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.