

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-036857  
STATE FILE NUMBER

FILED NOV 12 1958 Registration District No. 155 Primary Registration District No. 5577 Registrar's No. 198

300  
1-57

1. PLACE OF DEATH a. COUNTY Jasper			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jasper		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Asbury - Jasper Twp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Jasper, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION Asbury, Mo.		Length of stay in 1b on Hi Way	d. STREET ADDRESS R. 2.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last CARL DEAN CHADD			4. DATE OF DEATH Month Day Year 10-31-1958		
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 1-1-1940	9. AGE (In years less birthday) 18	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY Grain Elevator	11. BIRTHPLACE (City and state or country) Milo, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.
13a. FATHER'S NAME Carl Chadd		13b. MOTHER'S MAIDEN NAME Nadine Grant		14. NAME OF HUSBAND OR WIFE	
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. 486-42-4713	17. INFORMANT Carl Chadd, Jasper, Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>medullary sclerosis</i> DUE TO (b) <i>fractured cervical spine &amp;</i> DUE TO (c) <i>multiple injuries</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <i>truck driven by victim overturned.</i>			
20c. TIME OF INJURY Hour Month, Day, Year <i>2:30 p.m. 10/31/58</i>					
20d. INJURY OCCURRED WHILE AT <input checked="" 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.) <i>Street - Hwy 57</i>	20f. CITY, TOWN, OR LOCATION <i>Asbury Jasper</i>		STATE <i>Mo</i>
21. I attended the deceased from _____ and last saw her alive on _____ Death occurred at <i>7:30 p.m.</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>E. Stiles, D. 2</i>			22b. ADDRESS <i>Carleton Mo</i>		22c. DATE SIGNED <i>10/31/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Nov. 2, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Greenlawn Cemetery</i>		23d. LOCATION (City, town, or country) (State) <i>Jasper, Mo.</i>	
24. FUNERAL DIRECTOR <i>Martin Selvey</i>		ADDRESS <i>Jasper, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>11-2-58</i>	26. REGISTRAR'S SIGNATURE <i>Mrs. Madeline Switzer</i>	

L.E. Stiles-D. 2  
MEDICAL CERTIFICATION  
All diseases in Part I must be causally related.

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 *George W. Newcomb* .....  
Licensed Embalmer No. *4674* .....  
P. O. Address *Lockwood* .....

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.