

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016988
STATE FILE NUMBER

FILED JUN 3 1959 Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 196

300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Alexander	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Gale Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis		Length of stay in lb 30 minutes	d. STREET ADDRESS (If outside, give location) None Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Clarence Charles Chandler			4. DATE OF DEATH Month Day Year May 20 1959
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT. 31, 1896
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Resturant		9b. KIND OF BUSINESS OR INDUSTRY Hotel Business	9. AGE (In years) 79 IF UNDER 1 YEAR: Months 2 Day 27 IF UNDER 24 HRS.: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Resturant		10b. KIND OF BUSINESS OR INDUSTRY Hotel Business	11. BIRTHPLACE (City and state or country) Grand Tower Ill
12. CITIZEN OF WHAT COUNTRY? U.S.A		13a. FATHER'S NAME Theodore T Chandler	
13b. MOTHER'S MAIDEN NAME Ollie Wittson		14. NAME OF HUSBAND OR WIFE Viola Chandler Gale Ill	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) W.W. 1		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT Address Mrs Viola Chandler, Gale Illinois
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis DUE TO (c) Generalized arteriosclerotic heart disease			INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input 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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 COUNTY STATE
21. I attended the deceased from October 17, 1955 , to May 20, 1959 and last saw ^{her} _{him} alive on 2-27-59 Death occurred at 12:15 PM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Gordon M. Nunnally, M.D.		22b. ADDRESS Cape Girardeau, Mo.	22c. DATE SIGNED 5-21-59
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 5-23 1959	23c. NAME OF CEMETERY OR CREMATORY Thebes Ill	23d. LOCATION (City, town, or county) (State) Thebes Ill
24. FUNERAL DIRECTOR Brinkopf Howell Cape Gir Mo.		25. DATE RECD. BY LOCAL REG. 5-29-1959	26. REGISTRAR'S SIGNATURE Drena K...

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 *W. H. Estes*

Licensed Embalmer No. *3568*

P. O. Address *Pepe San 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.