

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017319
STATE FILE NUMBER

FILED JUN 15 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 578

5. 300
1-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Christian)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Reeds Spring
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION D.O.A. Burns Hosp		Length of stay in lb 1 day	d. STREET OR ADDRESS Rural---
3. NAME OF DECEASED (Type or print) First JACK Middle DEMPSEY Last CHANDLER		4. DATE OF DEATH June 10, 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 25 Aug. 1926
9. AGE (In years last birthday) 25		IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lineman (Electric)		10b. KIND OF BUSINESS OR INDUSTRY City Utilities	11. BIRTHPLACE (City and state or country) Hartville, Missouri
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME C. F. Chandler	
13b. MOTHER'S MAIDEN NAME Ada Robertson		14. NAME OF HUSBAND OR WIFE Esta Lee Chandler	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) Yes W.W. 2		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT Esta Lee Chandler		Address Reeds Spring, 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) electrocution			INTERVAL BETWEEN ONSET AND DEATH minutes
Conditions, if any, which gave rise to above cause (a), stating the under- lying cause last.			DUE TO (b) _____ DUE TO (c) _____
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 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.) He was working on City Utility Pole when his right	
20c. TIME OF INJURY approx: 11:15 P.M. 6/10/59		arm contacted a high voltage electric wire, it exited	
20d. INJURY OCCURRED WHILE AT WORK <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, etc.) front of new building Springfield, Greene, Missouri	
20f. CITY, TOWN, OR LOCATION Springfield, Greene, Missouri		COUNTY Greene STATE Missouri	
21. I attended the deceased from 6/10/59 to 6/10/59 and last saw ^{her} him alive on 6/10/59 Death occurred at about 12 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22. SIGNATURE Horace A. Lawrence, Jr., M.D. (Degree or title)		22b. ADDRESS 430 South St.	
22c. DATE SIGNED 6/12/59			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 13 June 1959	
23c. NAME OF CEMETERY OR CREMATORY Hartville, Cemetery		23d. LOCATION (City, town, or county) Hartville, Missouri.	
24. FUNERAL DIRECTOR Ralph Thieme		25. DATE RECD. BY LOCAL REG. 6-12-59	
26. REGISTRAR'S SIGNATURE Effie G. Melton			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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

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STATEMENT BY LICENSED EMBALMER

FEB 17 1960

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by Harold Futrell, Student Embalmer No. 571 working under my personal supervision.

Student Harold Futrell
Signature of Student Embalmer

Signed Ralph H. Cline

Licensed Embalmer No. 3681

P. O. Address Springfield, 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.