

Health, Welfare, Public Service, 300, 1-56, All doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-018671
STATE FILE NUMBER

FILED JUN 10 1959

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 92

1. PLACE OF DEATH a. COUNTY Phelps			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Phelps		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Rolla		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN St. Louis, Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Doa. W. G. Emanuel Hospital		Length of stay in lb	STREET ADDRESS 2927 Harper		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Thomas Middle Hayden Last Chaddock			4. DATE OF DEATH Month May Day 29 Year 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 May 27, 1896	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months 0 Days 2
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Unknown		10b. KIND OF BUSINESS OR INDUSTRY Unknown	11. BIRTHPLACE (City and state or country) Montgomery City, Mo.	12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Thomas L. Chaddock			14. MOTHER'S MAIDEN NAME Ida Bell Floyd		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WWL		16. SOCIAL SECURITY NO. 494-03-3507	17. INFORMANT Address Della Chaddock 2927 Harper St, St. Louis, 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>Severe head injuries & Internal</i> <i>Chest injuries -</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Chest injuries -</i> DUE TO (c) <i>Auto accident.</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 <i>D.O.A. Hospital approx 20 min after accident</i>
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>Automobile collision</i>			
20c. TIME OF INJURY 4:15 p.m. 5-29-59		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <i>Jet Hwy 66 #68</i>			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <i>St. James</i>		20g. COUNTY STATE <i>Phelps Mo</i>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at <i>Doa. Hospital - Rolla</i> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <i>S. L. Noel, Coroner</i>			22b. ADDRESS <i>Rolla Mo</i>		22c. DATE SIGNED <i>5/30/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>June 3, 1959</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lake Charles Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>St. Louis, Missouri</i>
24. FUNERAL DIRECTOR <i>Gene John - St. James, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>June 1, 1959</i>		26. REGISTRAR'S SIGNATURE <i>Nadine L. Stoll</i>	

County Case Number 1316
Date Filed January 9 - 59

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 *Jesse Gahr*
Licensed Embalmer No. *44*

P. O. Address *At Jarn*

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.