

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035642

FILED VS NOV 12 1959

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Registration District No. 5330 Registrar's No. 42

STATE FILE NUMBER

ENDED

|   |  |   |                                      |   |   |  |  |
|---|--|---|--------------------------------------|---|---|--|--|
| 1. PLACE OF DEATH   |  |   |                                      | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)                   |   |  |  |
| a. COUNTY<br><b>CRAWFORD</b>  |  | b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>RURAL-OSAGE TWP.</b>  |                                      | a. STATE<br><b>MISSOURI</b>   |   | b. COUNTY<br><b>CRAWFORD</b>   |  |
| Length of stay in lb<br><b>6 MONTHS</b>   |  | c. CITY OR TOWN<br><b>RURAL-OSAGE TWP.</b>  |                                      | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                    |   | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br><b>S.M.L.E.-DAVISVILLE, MO.</b>  |  | Inside Limits<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |                                      | d. STREET ADDRESS (If outside, give location)<br><b>S.M.L.E.-DAVISVILLE, MO.</b>                        |   | Reside on Farm<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| 3. NAME OF DECEASED (Type or print)   |  |   |                                      | 4. DATE OF DEATH  |   |  |  |
| First<br><b>HALIC</b>   |  | Middle<br><b>B.</b>   |                                      | Last<br><b>CHANDLER</b>   |   | Month Day Year<br><b>Nov. 6-1959.</b>  |  |
| 5. SEX<br><b>MALE</b>   | 6. COLOR OR RACE<br><b>WHITE</b>   | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>3-23-1900</b> | 9. AGE (last birthday)<br><b>59</b>   | IF UNDER 1 YEAR<br>Months Days Hours Min. | IF UNDER 24 HR.  |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>CARPENTER</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>-</b>   |                                      | 11. BIRTHPLACE (City and state or country)<br><b>DAVISVILLE, MO.</b>                                    |   | 12. CITIZEN OF WHAT COUNTRY.<br><b>U.S.A.</b>  |  |
| 13a. FATHER'S NAME<br><b>ISRAEL CHANDLER</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>LOU BRAKEFIELD</b>  |                                      | 14. NAME OF HUSBAND OR WIFE<br><b>PLURA CHANDLER</b>  |   |  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No.</b>  |  | 16. SOCIAL SECURITY NO.<br><b>499-03-2072</b>   |                                      | 17. INFORMANT Address<br><b>MRC. HALIC CHANDLER - HUIZZAH, MO.</b>                                      |   |  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY   |  |   |                                      |   |   | INTERVAL BETWEEN ONSET AND DEATH   |  |
| IMMEDIATE CAUSE (a)   |  | <b>Multiple traumatic internal abdominal injuries and acute coronary thrombosis</b>   |                                      |   |   | <b>10 minutes</b>  |  |
| DUE TO (b)  |  | <b>car falling on body</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)   |  |   |                                      |   |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input 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.)<br><b>Driving the car &amp; in rolled over</b>                 |                                      |   |   |  |  |
| 20c. TIME OF INJURY<br><b>8:30 a.m. 11 6 59</b>   |  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |                                      | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>Home</b> |   | 20f. CITY, TOWN, OR LOCATION COUNTY STATE<br><b>Crawford Mo.</b>   |  |
| 21. I attended the deceased from <b>11-6-59</b> to <b>11-6-59</b> and last saw him alive on <b>11-6-59</b><br>Death occurred at <b>8:30 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |                                      |   |   |  |  |
| 22. SIGNATURE (Degree or title)<br><b>W. Baunom M.D.</b>  |  |   |                                      | 22b. ADDRESS<br><b>Steelville Mo.</b>   |   | 22c. DATE SIGNED<br><b>11-7-59</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>BURIAL</b>  |  | 23b. DATE<br><b>Nov. 8-1959</b>   |                                      | 23c. NAME OF CEMETERY OR CREMATORY<br><b>CENTER POST CEMETERY</b>                                       |   | 23d. LOCATION (City, town, or county) (State)<br><b>CRAWFORD COUNTY, MO.</b>   |  |
| 24. FUNERAL DIRECTOR<br><b>Thomas S. Halbert</b>  |  | ADDRESS<br><b>STEELVILLE, MO.</b>   |                                      | 25. DATE RECD. BY LOCAL REG.<br><b>11/7/59</b>  |   | 26. REGISTRAR'S SIGNATURE<br><b>Mrs. Hazel Lickins</b>   |  |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ESTABLISHED

**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

*Thomas S. Halbert*

Licensed Embalmer No. 4332

P. O. Address STEELVILLE, 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.