

**FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-038639**

FILED VS. OCT 20 1959 391

STATE FILE NUMBER

Registration District No. 391 Primary Registration District No. 4505 Registrar's No. 27

ENDED

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Stoddard</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Bell City, Mo.</b> # <b>1</b> Hours c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Shetley Nursing Home</b> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Mississippi</b> c. CITY OR TOWN <b>East Prairie, Mo.</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>East Prairie, Mo.</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
<b>3. NAME OF DECEASED</b> (Type or print) First Middle Last <b>Martha Francis Chavers</b>			<b>4. DATE OF DEATH</b> Month Day Year <b>Sept. 30, 1959</b>		
<b>5. SEX</b> <b>Female</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input type="checkbox"/> <b>Widowed</b> <input checked="" type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>12.17.89</b>	<b>9. AGE (last birthday)</b> <b>69</b>	IF UNDER 1 YEAR Months Days Hours Min.
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>House Work</b>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>House Work</b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>Ark.</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>U.S.A.</b>	
<b>13a. FATHER'S NAME</b> <b>Unknown</b>		<b>13b. MOTHER'S MAIDEN NAME</b> <b>Unknown</b>		<b>14. NAME OF HUSBAND OR WIFE</b> <b>John Chavers</b>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) * * * * *		<b>16. SOCIAL SECURITY NO.</b> <b>Unknown</b>	<b>17. INFORMANT</b> Address <b>Mrs. Jack Blasingin Dorena, Mo.</b>		
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Failure</b> DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH <b>48 hr</b>
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>	<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)			
<b>20c. TIME OF INJURY</b> Hour a.m. p.m. Month, Day, Year		<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>			
<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>20f. CITY, TOWN, OR LOCATION</b>		<b>COUNTY</b>	<b>STATE</b>
<b>21. I attended the deceased from</b> <u>9/28/59</u> to <u>9/30/59</u> and last saw her/him alive on <u>9/28/59</u> Death occurred at <u>2309</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
<b>22a. SIGNATURE</b> (Degree or title) <i>W. J. Smider</i>			<b>22b. ADDRESS</b> <b>East Prairie, Mo.</b>		<b>22c. DATE SIGNED</b> <b>10/2/59</b>
<b>23a. BURIAL, CREMATION, OR REMOVAL</b> (Specify) <b>Burial</b>	<b>23b. DATE</b> <b>Oct. 2-59</b>	<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>W.O.W.</b>	<b>23d. LOCATION</b> (City, town, or county) (State) <b>East Prairie, MO.</b>		
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Travis Shelby Jr. East Prairie, Mo.</b>			<b>25. DATE RECD. BY LOCAL REG.</b> <b>10/14/59</b>	<b>26. REGISTRAR'S SIGNATURE</b> <i>Bernice Moore</i>	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1961 OCT 28 SA

**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 *Tavis Shelby*

Licensed Embalmer No. 4940  
P. O. Address East Point

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.