

MINNESOTA DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS DEC 21 1959

'59 0 43742

STATE FILE NUMBER

Registration District No. 86 Primary Registration District No. 4149 Registrar's No. 38-1959

1. PLACE OF DEATH a. COUNTY <u>Crawford</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Cuba</u>	Length of stay in 1b <u>Life</u>	c. CITY OR TOWN <u>Cuba</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>Elder Medical Clinic</u>		d. STREET ADDRESS <u>Star Street</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Vary</u> Middle <u>—</u> Last <u>Chandler</u>	4. DATE OF DEATH Month <u>December</u> Day <u>11</u> Year <u>1959</u>
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5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 11 1959</u>	9. AGE (last birthday) Months <u>—</u> Days <u>—</u> Hours <u>—</u> Min. <u>10</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and state or country) <u>Cuba, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.R.</u>

13. FATHER'S NAME <u>Clara Chandler</u>	13b. MOTHER'S MAIDEN NAME <u>Patricia Louise Brewer</u>	14. NAME OF HUSBAND OR WIFE <u>—</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT <u>Clara Chandler</u> Address <u>Star Street Cuba, Mo.</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Prematurity</u>	INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying 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)	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
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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 _____ a.m. _____ p.m.	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.)
		20f. CITY, TOWN, OR LOCATION <u>Cuba</u> COUNTY <u>Crawford</u> STATE <u>Missouri</u>

21. I attended the deceased from 12/11/59 to 12/11/59 and last saw her him alive on 12/11/59
Death occurred at 9:30 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Frank H. Elder</u> (Dr, free or title) <u>MD</u>	22b. ADDRESS <u>Cuba, Mo.</u>	22c. DATE SIGNED <u>12/11/1959</u>
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23a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>burial</u>	23b. DATE <u>12/12/1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Funder Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Cuba, Mo.</u>
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24. FUNERAL DIRECTOR <u>Frank R. Franklin</u> ADDRESS <u>Cuba, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>12/12/1959</u>	26. REGISTRAR'S SIGNATURE <u>Frank R. Franklin</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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 *Paul J. Hanklin*

Licensed Embalmer No. 3472

P. O. Address Cuba, 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.