-60-023572

URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JUN 22 1960

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 304 STATE FILE NUMBER

ENDED

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Joplin
Length of stay in 1b: 9 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Freeman
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: McDonald
c. CITY OR TOWN: Goodman
Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): None
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First GEORGE Middle Last CHANCELLOR
4. DATE OF DEATH: Month May Day 20, Year 1960
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9-7-1905
9. AGE (last birthday): 54
IF UNDER 1 YEAR: Months Days
IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Postmaster
10b. KIND OF BUSINESS OR INDUSTRY: Mail
11. BIRTHPLACE (City and state or country): Goodman, Missouri
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Jim Chancellor
13b. MOTHER'S MAIDEN NAME: Jessie Rogers
14. NAME OF HUSBAND OR WIFE: Margaret
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Delbert Chancellor Address: Goodman

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Terminal Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Brain Tumor — 3-19-1960
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 12-23-1953, to May 20, 1960 and last saw ~~Next~~ him alive on May 19, 1960
Death occurred at 6:15 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Floyd Murphy (Degree or title): M.D.
22b. ADDRESS: 607 Frisco Bldg, Joplin, Mo.
22c. DATE SIGNED: 5-26-60

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: May 23, 1960
23c. NAME OF CEMETERY OR CREMATORY: Neosho Memorial Park
23d. LOCATION (City, town, or county) (State): Neosho, Missouri

24. FUNERAL DIRECTOR ADDRESS: Roller Funeral Home Goodman, Mo.
25. DATE RECD. BY LOCAL REG.: 6-16-1960
26. REGISTRAR'S SIGNATURE: Doore Merrison

(Licensed Embalmer's Statement on Reverse Side)

JUN 29 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Robert C. Koller

Signature of Student Embalmer

Licensed Embalmer No. 5062

P. O. Address Anderson, M

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.