# URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

FILED VS JUN 21 1960

60-023656
STATE FILE NUMBER

Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 95

1. PLACE OF DEATH
a. COUNTY: Laclede
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Lebanon — Length of stay in 1b: 1 day
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Wallace Hospital — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Laclede
c. CITY OR TOWN: Nebo — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): Star Route — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Clarence Middle: Last: Chatham
4. DATE OF DEATH: Month: June Day: -9- Year: 1960
5. SEX: M
6. COLOR OR RACE: W
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 6-13-1910
9. AGE (last birthday): 49
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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY: agriculture
11. BIRTHPLACE (City and state or country): Laclede Co. Missouri
12. CITIZEN OF WHAT COUNTRY: U. S. A.
13a. FATHER'S NAME: Robert Chatham
13b. MOTHER'S MAIDEN NAME: Effie McKey
14. NAME OF HUSBAND OR WIFE: None
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: Mrs. Lucy Walker-Salem, Mo

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): Intestinal obstruction — INTERVAL BETWEEN ONSET AND DEATH: 1 week
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Constipation — years
DUE TO (c):
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Totally blind; had not been out of house 2 yrs.
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 6/8/60, to 6/9/60 and last saw ~~her~~ him alive on 6/9/60
Death occurred at 9.55 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James L. Hope, M.D.
22b. ADDRESS: Lebanon, Mo.
22c. DATE SIGNED: 6/10/60

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 6-12-60
23c. NAME OF CEMETERY OR CREMATORY: McGinnis Cem.
23d. LOCATION (City, town, or county) (State): Laclede Missouri

24. FUNERAL DIRECTOR: D. R. Palmer — ADDRESS: Lebanon, Mo
25. DATE RECD. BY LOCAL REG.: 6-11-1960
26. REGISTRAR'S SIGNATURE: Hilda L. Hay

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF DOCUMENT

**STATEMENT BY LICENSED EMBALMER**

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Stanley R. Pal

Signature of Student Embalmer

Licensed Embalmer No. 4810

P. O. Address Lebanon, T

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