

JURISDICTION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-029903

ENDED

Registration District No. 59 Primary Registration District No. \_\_\_\_\_ Registrar's No. 147

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Cass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>Sherman Township</u>	Length of stay in 1b <u>80 years</u>	c. CITY OR TOWN <u>Creighton</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>At the home</u>		d. STREET ADDRESS (If outside, give location) <u>2 1/2 miles West</u>	Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>Roy</u> Middle <u>Albert</u> Last <u>Chandler</u>			4. DATE OF DEATH Month <u>8</u> Day <u>16</u> Year <u>1960</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>7/27/1879</u>	9. AGE (last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (City and state or country) <u>Creighton, Missouri</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Isaac H. Chandler</u>	13b. MOTHER'S MAIDEN NAME <u>Emma Hilliard</u>	14. NAME OF HUSBAND OR WIFE <u>Effie E. Chandler</u>
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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>495-42-5256</u>	17. INFORMANT <u>Mrs. Effie E. Chandler</u> Address <u>Creighton, Mo.</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u> <u>10 yrs</u>
IMMEDIATE CAUSE (a) <u>Coronary occlusion</u>		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u>		
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.)
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20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____
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21. I attended the deceased from <u>Oct 50</u> to <u>Aug 16 '60</u> and last saw her <u>Aug 16 60</u> Death occurred at <u>6:45 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE <u>Robert M. ...</u> (Degree or title)	22b. ADDRESS <u>Garden City Mo</u>	22c. DATE SIGNED <u>8/17/60</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>8/19/1960</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dayton Cemetery</u>	23d. LOCATION (City, town, or county) <u>Dayton, Missouri</u>	23e. (State)
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24. FUNERAL DIRECTOR <u>Stinson-Henry</u> ADDRESS <u>Garden City, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>8-19-1960</u>	26. REGISTRAR'S SIGNATURE <u>Mrs Gray Sebree</u>
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(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

