

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-012784

STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 55

AMENDED

FILED MAY 15 1961

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| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Wayne</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff</u> | | Length of stay in 1b <u>2 Weeks</u> | c. CITY OR TOWN <u>Piedmont</u> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Doctors Hospital</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) <u>Rural Sob.</u> |

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|--|-------------------------------|---|--|---|--------------------------------|
| 3. NAME OF DECEASED (Type or print) First <u>Cordelia</u> Middle <u>Chiles</u> Last <u>Chiles</u> | | | 4. DATE OF DEATH Month <u>April</u> Day <u>28</u> Year <u>1961</u> | | |
| 5. SEX <u>Female</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>1-4-83</u> | 9. AGE (last birthday) <u>78</u> | IF UNDER 1 YEAR IF UNDER 24 HR |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>—</u> | 11. BIRTHPLACE (City and state or country) <u>Wayne Co. Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>William Leach</u> | | 13b. MOTHER'S MAIDEN NAME <u>Safronia Dees</u> | | 14. NAME OF HUSBAND OR WIFE <u>Benjamin F. Chiles</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>Mrs. Pearl Allen Piedmont, 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>3 wks</u> |
| IMMEDIATE CAUSE (a) <u>Pneumonia</u> | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | |
| DUE TO (b) <u>Congestive Heart Failure</u> | | |
| DUE TO (c) <u>Arteriosclerotic Cardiovascular Disease</u> | | |
| 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 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. Month, Day, Year | | | |
| 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 |

21. I attended the deceased from 4-13-61 to 4-28-61 and last saw her/him alive on 4-28-61
Death occurred at 3:25 p m on the date stated above, and to the best of my knowledge, from the causes stated.

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| 22a. SIGNATURE (Degree or title) <u>Merwin R. Barbours MD</u> | | 22b. ADDRESS <u>Poplar Bluff Mo</u> | 22c. DATE SIGNED <u>5-3-61</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>4-30-61</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>New Liberty</u> | 23d. LOCATION (City, town, or county) (State) <u>Big Lake Com. Mo.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>William Goshu Piedmont</u> | 25. DATE RECD. BY LOCAL REG. <u>5/10/1961</u> | 26. REGISTRAR'S SIGNATURE <u>Shelma Graham</u> | |

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

ITEM NO. SHOULD READ

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 Coder Funeral Home, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed William Cook

Licensed Embalmer No. 3723

P. O. Address Piedmont

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.