ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-014327
STATE FILE NUMBER

AMENDED

Registration District No. 383 Primary Registration District No. 5658 Registrar's No. 12

FILED APR 18 1961

1a. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Vineyard
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Sarcoxie Route # 2
Inside Limits: Yes ☐ No ☒

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

3. NAME OF DECEASED (Type or print): First: Roy Middle: Thomas Last: Chandler
4. DATE OF DEATH: Month March Day 30 Year 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-6-1891
9. AGE (last birthday): 70
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: Farm
11. BIRTHPLACE (City and state or country): Lawrence Co., Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Thomas C. Chandler
13b. MOTHER'S MAIDEN NAME: Betty Dodson
14. NAME OF HUSBAND OR WIFE: Cora Guinn
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W. W. # 1
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Cora Chandler, Address: Sarcoxie # 2

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): Strangulation — INTERVAL BETWEEN ONSET AND DEATH: Just
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Hanging — Just
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 D.O.A. to and last saw her/him alive on
Death occurred at about 6 P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Harold C. George (Degree or title) D.O.
22b. ADDRESS: Mt Vernon Mo
22c. DATE SIGNED: 4/2/61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 4-2-1961
23c. NAME OF CEMETERY OR CREMATORY: Sarcoxie Cemetery
23d. LOCATION (City, town, or county) (State): Sarcoxie, Mo.
24. FUNERAL DIRECTOR ADDRESS: Ulmer-Moss Funeral Home, Sarcoxie, Mo.
25. DATE RECD. BY LOCAL REG.: April 15-61
26. REGISTRAR'S SIGNATURE: H H Forrest

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

APR 20 1961

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_____ Signed Melvin Garrett

Signature of Student Embalmer

Licensed Embalmer No. 5121

P. O. Address Carthage, Me

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.