

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

66-61-016630 STATE FILE NUMBER

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 66

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED MAY 22 1961**

1. PLACE OF DEATH  
a. COUNTY Butler

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Butler

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff Length of stay in 1b 3 yrs.

c. CITY OR TOWN Poplar Bluff Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At Home Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) 511 Victor Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last Myrtle Sally Chailland

4. DATE OF DEATH Month Day Year May 4, 1961

5. SEX Female 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH 9/1/1890 9. AGE (last birthday) 70

IF UNDER 1 YEAR IF UNDER 24 HR  
Months 8 Days 3 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY Home 11. BIRTHPLACE (City and state or country) Paris, Tennessee. 12. CITIZEN OF WHAT COUNTRY U. S. A.

13a. FATHER'S NAME William Thomas on 13b. MOTHER'S MAIDEN NAME Lucille Dunn 14. NAME OF HUSBAND OR WIFE Deceased.

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 16. SOCIAL SECURITY NO. 17. INFORMANT Address Wm. Chailland, St. Louis, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) *Cardiac Decompression*  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) *Pericardial Effusion*  
DUE TO (c) *Hypertensive Heart Disease*

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 *May 1958* to *4 May 61* and last saw her alive on *2 May 61*  
Death occurred at *4:15 a.m.* on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *W. B. ...* 22b. ADDRESS *321 Oak Poplar Bluff Mo.* 22c. DATE SIGNED *5 May 61*

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 5/6/1961 23c. NAME OF CEMETERY OR CREMATORY Liberty 23d. LOCATION (City, town, or county) (State) Caruth, Missouri.

24. FUNERAL DIRECTOR ADDRESS Frank-Cotrell Chapel, Poplar Bluff, Mo. 25. DATE RECD. BY LOCAL REG. 5/17/61 26. REGISTRAR'S SIGNATURE *Shelma Graham*

**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 \_\_\_\_\_  
Signature of Student Embalmer

Signed Charles E. Mungle

Licensed Embalmer No. 4877

P. O. Address Poplar Bluff

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.