

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-015507

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. **101**

Primary Registration District No.

Registrar's No.

23

FILED APR 29 1963

1. PLACE OF DEATH

a. COUNTY

Douglas

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR
TOWN **Ava**

Length of stay in lb
1 yr

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Douglas**

c. CITY
OR
TOWN **Ava,**

Inside Limits
Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Inside Limits
Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☐ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
Lloyd A. (Shorty) Chaffee

4. DATE OF DEATH
Month Day Year
April 21, 1963

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☐ Divorced ☒

8. DATE OF BIRTH

7-27-96

9. AGE (last birthday)

66

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)
Swap-it Shop

10b. KIND OF BUSINESS OR INDUSTRY
Own business

11. BIRTHPLACE (City and state or country)
Collinswood, Ohio.

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Daniel E. Chaffee

13b. MOTHER'S MAIDEN NAME

Myrtle Fenton

14. NAME OF HUSBAND OR WIFE

Helen Chaffee

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.

444-07-3389

17. INFORMANT

Geraldine Wilson, Ava, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Acute Pericarditis

INTERVAL BETWEEN ONSET AND DEATH

6 mos

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Hyperlaunone

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

Mar 1/63 to **Apr 21/63**

and last saw him alive on **Apr 21/63**

Death occurred at

11:15 A.M.

on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

22b. ADDRESS

Ava, Mo. Box 218

22c. DATE SIGNED

Apr 22/63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

4-24-63

23c. NAME OF CEMETERY OR CREMATORY

Ava

23d. LOCATION (City, town, or county)

Ava, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Clinkingbeard Funeral Home, Ava, Mo.

25. DATE RECD. BY LOCAL REG.

Apr. 22-63

26. REGISTRAR'S SIGNATURE

Uestel Bushman

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

DATE AMENDED

VS 300
Rev. 4/59

1 0340

2 0340

3

4 0

5 3

6

7 1

8 0

9 401.0

10

11

12 90-2

13 1-0

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 Wyle C. Glinkingbeard

Licensed Embalmer No. 4830

P. O. Address Ans. Mo.

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.