

R.I. DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022966

FILED VS JUL 5 1960

137 Primary Registration District No. 3023 Registrar's No. 171

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		Length of stay in 1b <u>3 year</u>		c. CITY OR TOWN <u>Clinton</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Home</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>613 2 Franklins</u>		Reside on Farm *Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <u>Ernest</u> Middle <u>x</u> Last <u>Chaстан</u>				4. DATE OF DEATH Month <u>June</u> Day <u>24</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>3/2/1888</u>	9. AGE (last birthday) <u>77</u>	IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u>	IF UNDER 24 HR Hours <u> </u> Min. <u> </u>			
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and state or country) <u>Henry Co Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>		
13a. FATHER'S NAME <u>Jess Chaстан</u>			13b. MOTHER'S MAIDEN NAME <u>Talitha Briggs</u>			14. NAME OF HUSBAND OR WIFE <u>Merrie</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> </u>		17. INFORMANT <u>Mr Ernest Chaстан</u> Address <u>Clinton Mo</u>				
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		
IMMEDIATE CAUSE (a) <u>Myocardial Infarction</u>							<u>Instant</u>		
DUE TO (b) <u>Coronary atherosclerosis</u>							<u>6 mos</u>		
DUE TO (c) <u> </u>							<u> </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				
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 <u> </u> Month, Day, Year <u> </u>									
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 <u>March 18, 1958</u> , to <u>June 24, 1960</u> and last saw <u>him</u> alive on <u>June 24, 1960</u> . Death occurred at <u>9:30 pm</u> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <u>W.D. Bradshaw, M.D.</u>				22b. ADDRESS <u>Clinton, Mo.</u>		22c. DATE SIGNED <u>6/28/60</u>			
22d. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	23a. DATE <u>6/26/60</u>	23b. NAME OF CEMETERY OR CREMATORY <u>Englewood</u>		23c. LOCATION (City, town, or county) <u>Clinton</u>		STATE <u>Mo</u>			
24. FUNERAL DIRECTOR <u>Cousins</u> ADDRESS <u>Clinton</u>			25. DATE RECD. BY LOCAL REG. <u>June 26, 1960</u>		26. REGISTRAR'S SIGNATURE <u>Hildred Bigum</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

[Handwritten notes and scribbles at the top of the page, including the word "embalmed" and other illegible text.]

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____ or by _____, Student Embalmer No. _____ working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. E. Conner

Licensed Embalmer No. 189

P. O. Address Clinton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do 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.

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