

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. **SEFILED04 6437**Primary Registration District No. **4215**Registrar's No. **22****0031164**

DATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59**1** 0421**2** 0080**3****4** 0**5** 1**6****7** 0**8** 2**9** 040**10** 21**11** 008**12** 3-0**13** 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

DOCUMENT

MEDICAL CERTIFICATION

1. PLACE OF DEATH a. COUNTY Henry			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Benton																
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Windsor		Length of stay in 1b 3 weeks		c. CITY OR TOWN Windsor		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>													
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Windsor Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route # 4		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>												
3. NAME OF DECEASED (Type or print) First Middle Last Walter Galbraith Chastain			4. DATE OF DEATH Month Day Year August 30, 1964																
5. SEX Male		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/27/1875		9. AGE (last birthday) 88		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Henry Co. Missouri			12. CITIZEN OF WHAT COUNTRY U.S.A.										
13a. FATHER'S NAME William Jefferson Chastain			13b. MOTHER'S MAIDEN NAME Elizabeth Galbraith			14. NAME OF HUSBAND OR WIFE Nellie Chastain													
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. 497-42-6533		17. INFORMANT Nellie Chastain		Address Rt. # 4 Windsor, 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) Circulatory Collapse INTERVAL BETWEEN ONSET AND DEATH 2 days DUE TO (b) Toxemia & Malnutrition 2 weeks DUE TO (c) Fracture of Neck of Humerus 2 wks PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition (Specify in PART I) Carcinoma Left Ear, Corneal Ulcer (at) 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 checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" 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.) Fell at home															
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 checked="" type="checkbox"/>										20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) IN Home		20f. CITY, TOWN, OR LOCATION Windsor R#4		COUNTY Benton		STATE Mo.	
21. I attended the deceased from 1958 to 30 Aug 1964 and last saw him alive on 30 Aug 1964 Death occurred at 6:45 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE (Degree or title) William Smith Jr.						22b. ADDRESS Windsor, Mo.			22c. DATE SIGNED 8/31/64										
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 9/2/1964		23c. NAME OF CEMETERY OR CREMATORY Laurel Oak Cemetery		23d. LOCATION (City, town, or county) Windsor, Missouri		23e. STATE (State)											
24. FUNERAL DIRECTOR Clifford Gouge, Windsor, Mo.					25. DATE RECD. BY LOCAL REG. Sept. 2, 1964		26. REGISTRAR'S SIGNATURE Mildred Bigum												

USE BLACK INK
OR
TYPEWRITER RIBBON

11-1-1952

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 _____

Licensed Embalmer No. 5214

P. O. Address W. Endover, 7/16

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.