

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

Registration District No. 198

Primary Registration District No. 4310

Registrar's No. 19

1. PLACE OF DEATH:

(a) County Macon
(b) City or town Bever
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution: 1
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____ (Specify whether _____)
In this community _____ years, months or days

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Macon
(c) City or town Bever
(If outside city or town limits, write "RURAL")
(d) Street No. _____ (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Minnie Chastain

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Eric Chastain 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Jan 28 - 1887
(Month) (Day) (Year)

8. AGE: Years 59 Months 10 Days 13 If less than one day _____ hr. _____ min.

9. Birthplace _____ (City, town, or county) _____ (State or foreign country)

10. Usual occupation House wife

11. Industry or business _____

12. Name John Vestal

13. Birthplace _____ (City, town, or county) _____ (State or foreign country)

14. Maiden name Nancy Scott

15. Birthplace _____ (City, town, or county) _____ (State or foreign country)

16. (a) Informant Eric Chastain

(b) Address Bever Mo

17. (a) burial (b) Date thereof 12/14/46
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Calles cemetery

18. (a) Signature of funeral director Allan Skene

(b) Address Macon Mo

19. (a) 12-17-46 (b) Winnie J Rowland
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Dec day 11
year 1946 hour 12:15 minute P M.

21. I hereby certify that I attended the deceased from Dec. 2, 1946 to Dec. 11, 1946
that I last saw her alive on Dec. 3, 1946
and that death occurred on the date and hour stated above.

Immediate cause of death Sudden Death

Due to Chronic myocarditis

Due to _____
Other conditions (Include pregnancy within 3 months of death) _____

Major findings: g m D
-Of operations _____
Of autopsy _____

22. If death was due to external causes, fill in the following:
(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) _____ (County) _____ (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Manner of injury !!

23. Signature Dr. E. K. ...
Address Bever Date signed 12/14/46

Duration _____
PHYSICIAN _____
Underline the cause to which death should be charged statistically.

WRITE PLAINLY--USE UNFADING BLACK INK--MAKE A PERMANENT RECORD

RECEIVED
District Health Officer No. 10
District File Number *12-46-2325*
Date Filed **DEC 26 1946**

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.....
....., Registered Apprentice No.....
working under my personal supervision.

Signed *Albert Skinner*
Licensed Embalmer No. *75-1*
P. O. Address *Macon 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.)

this body is not embalmed, fact should be so stated above.