

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 39818

FILED DEC 20 1948
Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1082

1. PLACE OF DEATH:

(a) County Greene

(b) City or town Springfield,
(If outside city or town limits, write "RURAL" and name of township)

(c) Name of hospital or institution: 836 Concord
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution _____
In this community Life time (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Greene

(c) City or town Springfield,
(If outside city or town limits, write "RURAL")

(d) Street No. 836 Concord
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Delia A Chastain

3. (b) If veteran, name war No

3. (c) Social Security No. None

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month December day 12th
year 1948 hour 11 minute 45 A. M.

21. I hereby certify that I attended the deceased from October 10-1-46 19. to 12-12-48 19. ;
that I last saw her alive on 12-12-48 19. ;
and that death occurred on the date and hour stated above.

4. Sex Female / 5. Color or race White

6. (a) Single, widowed, married, divorced Widowed?

6. (b) Name of husband or wife Ben Chastain

6. (c) Age of husband or wife if alive dec years

7. Birth date of deceased: April 2 1877
(Month) (Day) (Year)

Immediate cause of death Carcinoma of sigmoid Colon

Due to Metastases from left Breast which was removed in 1946.

Due to _____

Other conditions Carcinoma of Left Breast
(Includes pregnancy within 3 months of death)

8. AGE: Years Months Days If less than one day

71	8	10	hr. min.
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Major findings: Of operations _____

Of autopsy 50

PHYSICIAN _____

Underline the cause to which death should be charged statistically.

9. Birthplace Greene County, Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation House wife.

11. Industry or business _____

12. Name G I Blackman Kentucky

13. Birthplace Mary Maton Kentucky
(City, town, or county) (State or foreign country)

14. Maiden name _____

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

16. (a) Informant R L Blackman

(b) Address 637 East Loren, Springfield, Mo.

17. (a) Burial (b) Date thereof 12-14-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Clear Creek Cemetery

18. (a) Signature of funeral director Alma Lohmeyer Funeral Home

(b) Address Springfield, Missouri

19. (a) 12-14-48 (b) W E Handley III
(Date received local registrar) (Registrar's signature)

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) Means of injury 10

23. Signature Paul O. Hyslop, M.D. (D. or other) _____

Address Springfield, Missouri Date signed 12-14-48

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

39
2
6

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 Jewell E. Knipe

Licensed Embalmer No. 2831

P. O. Address Springfield 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 this body is not embalmed, fact should be so stated above.