

S. No. 300  
V. 10.46

FILED AUG 5 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22454

State File No. 132

BIRTH NO.		REG. DIST. NO. 10		PRIMARY REG. DIST. NO. 3-002		Registrar's No. 132	
1. PLACE OF DEATH a. COUNTY <i>Audrain</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Audrain</i>			
b. CITY OR TOWN <i>Mexico</i>		c. LENGTH OF STAY (in this place) <i>7 hrs</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Centrales, Saling Township</i>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Audrain Co. Hospital</i>				d. STREET ADDRESS (If rural, give location) <i>Rural - N.W. 6 miles</i>			
3. NAME OF DECEASED a. (First) <i>Sharon</i> b. (Middle) <i>Ann</i> c. (Last) <i>Chase</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>July 18-1949</i>				
5. SEX <i>Female</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never Married</i>		8. DATE OF BIRTH <i>Aug-31-1943</i>	
9. AGE (In years last birthday) <i>5</i>		if UNDER 1 YEAR Months <i>10</i> Days <i>17</i>		if UNDER 2 HRS. Hours <i></i> Min. <i></i>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>None</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>None</i>		11. BIRTHPLACE (State or foreign country) <i>Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>George A. Chase</i>		13b. MOTHER'S MAIDEN NAME <i>Goddie Adkisson</i>		14. NAME OF HUSBAND OR WIFE <i>None</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME <i>George A. Chase</i> ADDRESS <i>Centrales, Mo</i>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coroner's Case No. Jury Auto Accident</i> ANTECEDENT CAUSES <i>She stepped over street curb and fell on highway #22 North West of Centrales Mo. and brought to Mexico Mo. Audrain County Hospital where she died from injuries received</i> DUE TO (b) <i>North West of Centrales Mo. and brought to Mexico Mo. Audrain County Hospital</i> DUE TO (c) <i>Where she died from injuries received</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Accidental death from injuries received</i>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <i>None</i>		19b. MAJOR FINDINGS OF OPERATION <i>in Auto Accident. Crushed skull and other injuries</i>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>Highway #22</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Centrales Mo</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>July 18/1949/11:26 a.m.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Jumped in front of a passing car</i>			
22. I hereby certify that I attended the deceased from <i>Shed 19 died 7:10 PM 7-18-49</i> , that I last saw the deceased alive on <i>7-18-49</i> , and that death occurred at <i>7:10 p.m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>S. C. Adams M.D. Coroner</i>				23b. ADDRESS <i>Mexico Mo</i>		23c. DATE SIGNED <i>7/18/49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>July 20-1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Centrales Mo</i>		24d. LOCATION (City, town, or county) (State) <i>Centrales, Mo</i>	
DATE REC'D BY LOCAL REG. <i>July 18-1949</i>		REGISTRAR'S SIGNATURE <i>Blanche Neely</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Paul Q. Ballou</i> ADDRESS <i>Centrales, Mo</i>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 2 1949  
District Health Officer No. 1  
District File Number 8-49-133  
Date Filed AUG 2 1949

**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 \_\_\_\_\_  
Student Embalmer

Signed Paul J. Ballew

Licensed Embalmer No. 4206

P. O. Address Centerville, 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.