

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

27300

State File No.

No. 300
10-48
FILED AUG 29 1949

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

BIRTH NO. _____		REG. DIST. NO. <u>177</u>		PRIMARY REG. DIST. NO. <u>3003</u>		Registrar's No. <u>49</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Monett</u>			c. LENGTH OF STAY (in this place) <u>42 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Monett - Forest Park add</u>			d. STREET ADDRESS (If rural, give location) <u>N. 4th st - on Moie Route 1</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>North 4th Street 1</u>				d. STREET ADDRESS (If rural, give location) <u>N. 4th st - on Moie Route 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>FINIS</u> c. (Last) <u>Chastain</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 18 1949</u>				
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan 12 1874</u>	9. AGE (In years last birthday) <u>75</u>	10. MONTHS <u>7</u>	11. DAYS <u>6</u>	12. HOURS <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith & carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Benton-Saline Co. Ark</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Benjamin L Chastain</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Tatum</u>		14. NAME OF HUSBAND OR WIFE <u>Ora M. Chastain</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>498-28-2583</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr J F Chastain R1 Monett Mo</u>			
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) <u>Virus Bronchial Pneumonia (Influenza)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>19 Months</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arthritis multiple Gen/Osteitis</u>				18. <u>15. "</u>			
DUE TO (c) <u>Heart enlargement with indication</u>				19. <u>480X</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death <u>Bacterial Endocarditis but not confirmed</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
22. I hereby certify that I attended the deceased from <u>Jan 13</u> , 19 <u>48</u> , to <u>Aug 18</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Aug 18</u> , 19 <u>49</u> , and that death occurred at <u>2- P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>James M. Russell M.D.</u>				23b. ADDRESS <u>Monett, Missouri</u>		23c. DATE SIGNED <u>Aug 20 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 21 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Corinth "Rural"</u>		24d. LOCATION (City, town, or county) (State) <u>5 mi S of Cassville - Barry Co Mo</u>		
DATE REC'D BY LOCAL REG. <u>8-22-49</u>		REGISTRAR'S SIGNATURE <u>W. M. West</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Dillon Funeral Home - Monett Mo</u>			

RECEIVED AUG 23 1949

District Health Office No. 6,

District File Number 849-972

Date Filed 8-23-49

MM

SEP

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 J. D. Buchanan

Licensed Embalmer No. 3179

P. O. Address Monett, 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.