

FILED MAY 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17274

State File No.

BIRTH NO. REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 279

1. PLACE OF DEATH a. COUNTY <u>Laclede</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lebanon</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Wallace Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>203 Grand St.</u>	

3. NAME OF DECEASED a. (First) <u>Noah</u> b. (Middle) <u>Thomas</u> c. (Last) <u>Chastain</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 5, 1950</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Aug. 22, 1871</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Laclede Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>James Henry Chastain</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Renner</u>		14. NAME OF HUSBAND OR WIFE <u>Sarah C. Chastain</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>James Chastain Lebanon Mo</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u> DUE TO (c) <u>Hypertension</u>		Interval between onset and death <u>Several years.</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>331X</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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)		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>4/6</u> , 19 <u>50</u> , to <u>5/4</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5/4</u> , 19 <u>50</u> , and that death occurred at <u>4:20 A. m.</u> , from the causes and on the date stated above.					

23a. SIGNATURE <u>Ferrel H. Johnson M.D.</u> (Degree or title)		23b. ADDRESS <u>Lebanon Mo</u>		23c. DATE SIGNED <u>5/6/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 7, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Laclede Co. Mo. near Russ</u>	
DATE REC'D BY LOCAL REG. <u>5-7-1950</u>		REGISTRAR'S SIGNATURE <u>Hella L. May</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.E. Holman Lebanon Mo</u>			

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

537
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Received MAY 13 1950
Laclede County Health Unit
File No. 5-50-82
Date Filed MAY 15 1950

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.