

FILED SEP 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27266

495
095

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

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 200 Registrar's No. 588

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. LENGTH OF STAY (In this place) 9 yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Johns Hospital		c. CITY (If outside corporate limits, write RURAL and give township) Joplin OR TOWN 0495	
d. STREET ADDRESS 2518 Connor		d. STREET ADDRESS (If rural, give location) 2518 Connor	
3. NAME OF DECEASED (Type or Print) a. (First) Nora b. (Middle) M^s c. (Last) Chastain		4. DATE OF DEATH (Month) (Day) (Year) Aug 30 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Sept. 7, 1887
9. AGE (In years last birthday) 62 yrs		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Montgomery County, Iowa
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John W. Spicer	
13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE Ernest L. Chastain	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) no		16. SOCIAL SECURITY NO.	
17. INFORMANT'S SIGNATURE OR NAME Ernest L. Chastain		ADDRESS 2518 Connor	
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) cerebral hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardio- DUE TO (c) vascular disease	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 18 hrs 7 H43X	
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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from 5-71 , 19 50 to 8-30 , 19 50 and that death occurred at 10:25 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE E. H. Hamilton		23b. ADDRESS E. H. HAMILTON, M. D. Frisco Bldg.	
23c. DATE SIGNED 8-31-50		24a. BIRTHPLACE (City, town, or county) (State) Joplin Mo.	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial U	24b. DATE Sept 2, 1950	24c. NAME OF CEMETERY OR CREMATORY Osborne Memorial	24d. CITY, TOWN, OR COUNTY (State) Joplin Mo.
DATE REC'D BY LOCAL REG. 9-2-50	REGISTRAR'S SIGNATURE E. S. James	25. FUNERAL DIRECTOR'S SIGNATURE Parker-Hunsaker Mortuary	ADDRESS Joplin Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-9-50

Jasper County Health Office

County File Number 50-8-660

Date Filed 9-9-50

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.

Signed *F. M. Jones*

Signed Student Embalmer

Licensed Embalmer No. 2319

P. O. Address *Jasper 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.