

FILED OCT 17 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 33148

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 111 PRIMARY REG. DIST. NO. 4183 Registrar's No. 34

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before institution.) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pacific</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pacific 0360</u>	
c. LENGTH OF STAY (in this place) <u>1 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>_____</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) _____	
3. NAME OF DECEASED (Type or Print) a. (First) <u>HENRY T. Chatman</u>		b. (Middle) <u>Rust</u>	
c. (Last) _____		4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 28 1951</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>MAY 7, 1898</u>
9. AGE (In years last birthday) <u>53</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Printer</u>	11. BIRTHPLACE (State or foreign country) <u>KANSAS</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Henry Rust</u>	
14. MOTHER'S MAIDEN NAME <u>MARGARET VANDERVOER</u>		15. NAME OF HUSBAND OR WIFE <u>Erva Rust</u>	
16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		17. SOCIAL SECURITY NO. <u>4186-24-0482</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		19. INFORMANT'S SIGNATURE OR NAME <u>Erva Rust</u> ADDRESS <u>Pacific, Mo</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Congestive heart failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS <u>malnutrition</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. ACCIDENT SUICIDE HOMICIDE (Specify) _____	
21a. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21b. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21c. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21e. HOW DID INJURY OCCUR? _____		22. I hereby certify that I attended the deceased from <u>8/25</u> , 19 <u>51</u> , to <u>9/28</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>9/28</u> , 19 <u>51</u> , and that death occurred at <u>2 P</u> m., from the causes and on the date stated above.	
23a. SIGNATURE <u>D. Steiner MD</u> (Degree or title)		23b. ADDRESS <u>Pacific, Mo</u>	
23c. DATE SIGNED <u>9/28/51</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>9-30-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pacific Cem.</u>	
24d. LOCATION (City, town, or county) (State) <u>Pacific Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. L. Thebes</u> ADDRESS <u>Pacific, Mo</u>	
DATE REC'D BY LOCAL REG. <u>9/29/51</u>		REGISTRAR'S SIGNATURE <u>Mary B. Green</u> 194	

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

File No. \_\_\_\_\_  
DISTRICT HEALTH OFFICE No. 4

OCT 14 1951  
RECEIVED

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: \_\_\_\_\_

*Geo. L. Shuebs*

Licensed Embalmer No. 3008

P. O. Address Pacific, 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.