

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7219

State File No.

BIRTH NO. 12595 REG. DIST. NO. 4 PRIMARY REG. DIST. NO. 4044 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Fairfax</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rock Port, Mo.</u>	
c. LENGTH OF STAY (In this place) <u>3 da.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Fairfax Community Hosp.</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Sandra</u>	b. (Middle) <u>Leigh</u>	c. (Last) <u>Chastain</u>	4. DATE OF DEATH (Month) (Day) (Year)
				<u>3</u> <u>16</u> <u>1952</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>3/12/1952</u>	9. AGE (In years last birthday)	10. UNDER 1 YEAR	11. UNDER 2 HRS.	12. UNDER 4 HRS.
				<u>3</u>	<u>3</u>		

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (State or foreign country) <u>Fairfax, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>AM</u>
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13a. FATHER'S NAME <u>James Chastain</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Louise Fahsler</u>	14. NAME OF HUSBAND OR WIFE <u>none</u>
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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>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>James Chastain</u>	ADDRESS <u>Rock Port, Mo.</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Convulsions, cause undetermined</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 3-12, 1952, to 3-16, 1952, that I last saw the deceased alive on 3-15, 1952, and that death occurred at 3:17 am m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>G. R. Empe, M.D.</u>	23b. ADDRESS <u>Jorkis Mo.</u>	23c. DATE SIGNED <u>3/18/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3/17/1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Greenhill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Rock Port, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Mar 21, 1952</u>	REGISTRAR'S SIGNATURE <u>Marvin H. Schuster</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>BARTHOLOMEW MORTUARY, ROCKPORT</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

#m
0036
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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.....

G. B. Burt

Licensed Embalmer No. 3173

P. O. Address Rock Port, 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.