

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10344

State File No. ....

FILED MAR 29 1952

REG. DIST. NO. 318

PRIMARY REG. DIST. NO. 1003

Registrar's No. 2366

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Indiana b. COUNTY Parke	
b. CITY (If outside corporate limits, write RURAL and give township) ST. LOUIS, MISSOURI		c. LENGTH OF STAY (in this place) 8130	
d. FULL NAME OF HOSPITAL OR INSTITUTION BARNES HOSPITAL		c. CITY (If outside corporate limits, write RURAL and give township) Rosedale 8 d. STREET ADDRESS (If rural, give location) Route 1	
3. NAME OF DECEASED (Type or Print) a. (First) CHESTER b. (Middle) C. c. (Last) MODESITT		4. DATE OF DEATH (Month) (Day) (Year) 3 12 52	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 27, 1874
9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Parke, Co. U
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME David Modesitt	
13b. MOTHER'S MAIDEN NAME Serena Kelley		14. NAME OF HUSBAND OR WIFE Orpha	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	
17. INFORMANT'S SIGNATURE OR NAME David Modesitt		ADDRESS Rosedale, Ind.	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ACUTE CORONARY THROMBOSIS  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) ARTERIOSCLEROTIC HEART DISEASE DUE TO (c)  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
INTERVAL BETWEEN ONSET AND DEATH 7 MONTHS		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) (m.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? H200	
22. I hereby certify that I attended the deceased from 3/10 1952, to 3/12 1952, that I last saw the deceased alive on 3/12 1952, and that death occurred at 5:30A m., from the causes and on the date stated above.			
23a. SIGNATURE FR Mueller 0 (Degree or title) M.D.		23b. ADDRESS BARNES HOSPITAL	
23c. DATE SIGNED 3/12/52		24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
24b. DATE 3-12-52		24c. NAME OF CEMETERY OR CREMATORY Rose Lawn	
24d. LOCATION (City, town, or county) (State) Vigo Co., Ind.		25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe	
25. ADDRESS 4700 Washington Blvd.		DATE REC'D BY LOCAL REG. MAR 12 1952	

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

MAY 20 1952

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

*Robert M. Murray*  
Licensed Embalmer No. 3749

P. O. Address St. Louis, 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.