

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38115**
Registrar's No. **39**

FILED DEC 15 1952

BIRTH NO. _____		REG. DIST. NO. 88		PRIMARY REG. DIST. NO. 5327		Registrar's No. 39			
1. PLACE OF DEATH a. COUNTY Leff Crawford				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Leff					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural UNION		c. LENGTH OF STAY (in this place) 3 wks		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN rural Springcreek 0330					
d. FULL NAME OF HOSPITAL OR INSTITUTION X X				d. STREET ADDRESS (If rural, give location) near Howe Station					
3. NAME OF DECEASED (Type or Print) a. (First) Autta b. (Middle) - c. (Last) Chandler			4. DATE OF DEATH (Month) (Day) (Year) 12/5/52						
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct 25/00			
9. AGE (in years last birthday) 52		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) laborer			10b. KIND OF BUSINESS OR INDUSTRY timber,		11. BIRTHPLACE (City and State or Foreign Country) Iron County		12. CITIZEN OF WHAT COUNTRY? U		
13a. FATHER'S NAME Will Chandler			13b. MOTHER'S MAIDEN NAME Linie Headrick			14. NAME OF HUSBAND OR WIFE Hettie Dotson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No X			16. SOCIAL SECURITY NO. X		17. INFORMANT'S SIGNATURE OR NAME Hettie Chandler			ADDRESS Salem Mo rt 4	
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) Pneumonitis (Viral) suspected.					INTERVAL BETWEEN ONSET AND DEATH 6 wks		
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) extra abdominal carcinoma site undetermined							
		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 1991					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 20 Nov, 1952 , to 3 Dec, 1952 , that I last saw the deceased alive on 3 Dec, 1952 , and that death occurred at 3:35 Pm. , from the causes and on the date stated above.									
23a. SIGNATURE John Campbell MD (Degree or title)				23b. ADDRESS Stelwell, Mo.		23c. DATE SIGNED 11 Dec 52			
24a. BURIAL, CREMATION, OR REMOVAL (Specify) burial		24b. DATE 12/7/52		24c. NAME OF CEMETERY OR CREMATORY Dotson Cem		24d. LOCATION (City, town, or county) (State) Bixby Mo			
DATE REC'D BY LOCAL REG. 12-12-52		REGISTRAR'S SIGNATURE [Signature] 76-0		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Salem Mo					

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

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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 Carl H. Jumper

Licensed Embalmer No. 370

P. O. Address Salem, 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.