

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39387

State File No.

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 9040 Registrar's No. 159

592

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

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Chillicothe</u> c. LENGTH OF STAY (in this place) <u>26 yrs.</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>Chillicothe</u> <u>0592</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>City Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>1211 Cooper Street</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sarah</u> b. (Middle) <u>Louise</u> c. (Last) <u>Chase</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>November 13, 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>May 24 1907</u>		9. AGE (In years last birthday) <u>45</u>		10. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Home Maker</u>		11. BIRTHPLACE (State or foreign country) <u>Lathrop, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>	

13a. FATHER'S NAME <u>John G. White</u>		13b. MOTHER'S MAIDEN NAME <u>Anna May Hufft</u>		14. NAME OF HUSBAND OR WIFE <u>Lloyd K. Chase</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 ADDRESS <u>Lloyd K. Chase; 1211 Cooper; Chillicothe 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma uterus and left breast</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>18 mo.</u>	
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1998</u>				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)	
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?	

22. I hereby certify that I attended the deceased from Nov 4, 1952 to Nov 13, 1952, that I last saw the deceased alive on Nov 12, 1952 and that death occurred at 6:05 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>D. M. Dowell, M.D.</u>		23b. ADDRESS <u>Chillicothe Mo</u>		23c. DATE SIGNED <u>11-13-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11-15-52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Edgewood</u>		24d. LOCATION (City, town, or county) (State) <u>Chillicothe, Missouri</u>	
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DATE REC'D BY LOCAL REG. <u>11-13-52</u>		REGISTRAR'S SIGNATURE <u>Francesa B. Heil</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Norman Funeral Home; Chillicothe, Missouri</u>	
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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 *Elton F. Norman*

Licensed Embalmer No. *4036*

P. O. Address *Chillicothe, 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.