

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

8950

State File No. ....

BIRTH NO. MAR 17 1953

REG. DIST. NO. 43

PRIMARY REG. DIST. NO. 3007

Registrar's No. 94

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

|                                                                                                  |  |                                                                                                                                         |  |
|--------------------------------------------------------------------------------------------------|--|-----------------------------------------------------------------------------------------------------------------------------------------|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Butler</b>                                                     |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <b>Missouri</b> COUNTY <b>Butler</b> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b> |  | c. LENGTH OF STAY (In this place) <b>3 days</b>                                                                                         |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Lucy Lee Hospital</b>                                 |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Poplar Bluff</b>                                        |  |
|                                                                                                  |  | d. STREET ADDRESS (If rural, give location) <b>107 Oak St.</b>                                                                          |  |

|                                                     |            |             |                          |                                  |
|-----------------------------------------------------|------------|-------------|--------------------------|----------------------------------|
| 3. NAME OF DECEASED<br>(Type or Print) <b>ALGER</b> | a. (First) | b. (Middle) | c. (Last) <b>CHATMAN</b> | 4. DATE OF DEATH <b>3/5/1953</b> |
|-----------------------------------------------------|------------|-------------|--------------------------|----------------------------------|

|                    |                               |                                                                       |                                   |                                           |                        |                      |                        |                      |
|--------------------|-------------------------------|-----------------------------------------------------------------------|-----------------------------------|-------------------------------------------|------------------------|----------------------|------------------------|----------------------|
| 5. SEX <b>Male</b> | 6. COLOR OR RACE <b>White</b> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b> | 8. DATE OF BIRTH <b>7/12/1890</b> | 9. AGE (In years last birthday) <b>62</b> | IF UNDER 1 YEAR Months | IF UNDER 2 WKS. Days | IF UNDER 24 HRS. Hours | IF UNDER 2 HRS. Min. |
|--------------------|-------------------------------|-----------------------------------------------------------------------|-----------------------------------|-------------------------------------------|------------------------|----------------------|------------------------|----------------------|

|                                                                                                                |                                                    |                                                                      |                                         |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Distributor</b> | 10b. KIND OF BUSINESS OR INDUSTRY <b>Newspaper</b> | 11. BIRTHPLACE (State or foreign country) <b>Wayne Co., Missouri</b> | 12. CITIZEN OF WHAT COUNTRY? <b>USA</b> |
|----------------------------------------------------------------------------------------------------------------|----------------------------------------------------|----------------------------------------------------------------------|-----------------------------------------|

|                                             |                                                     |                                                  |
|---------------------------------------------|-----------------------------------------------------|--------------------------------------------------|
| 13a. FATHER'S NAME <b>Jasper N. Chatman</b> | 13b. MOTHER'S MAIDEN NAME <b>Eliza Jane Bennett</b> | 14. NAME OF HUSBAND OR WIFE <b>Grace Chatman</b> |
|---------------------------------------------|-----------------------------------------------------|--------------------------------------------------|

|                                                                                                                    |                                            |                                                                          |         |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------|---------|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b> | 16. SOCIAL SECURITY NO. <b>493-36-6572</b> | 17. INFORMANT'S SIGNATURE OR NAME <b>Grace Chatman Poplar Bluff, Mo.</b> | ADDRESS |
|--------------------------------------------------------------------------------------------------------------------|--------------------------------------------|--------------------------------------------------------------------------|---------|

|                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |  |                                                |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Lobar Pneumonia</b><br><br>ANTECEDENT CAUSES<br><i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i><br>DUE TO (b) <b>Ca of liver, pancreas, and kidney.</b><br><br>DUE TO (c)<br><br>II. OTHER SIGNIFICANT CONDITIONS<br><i>Conditions contributing to the death but not related to the disease or condition causing death.</i> |  | INTERVAL BETWEEN ONSET AND DEATH <b>3 days</b> |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------------------------------------------|

|                        |                                              |                                                                                  |
|------------------------|----------------------------------------------|----------------------------------------------------------------------------------|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <b>1561</b> | 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) (Min.) | 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 **March 2, 1953, to March 5, 1953**, that I last saw the deceased alive on **March 5, 1953**, and that death occurred at **8:00 P.M.**, from the causes and on the date stated above.

|                                                                        |                                            |                  |
|------------------------------------------------------------------------|--------------------------------------------|------------------|
| 23a. SIGNATURE <b>J. W. M. [Signature]</b> (Degree or title) <b>MD</b> | 23b. ADDRESS <b>Poplar Bluff, Missouri</b> | 23c. DATE SIGNED |
|------------------------------------------------------------------------|--------------------------------------------|------------------|

|                                                          |                           |                                                         |                                                                             |
|----------------------------------------------------------|---------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------|
| 24a. BURIAL OR CREMATION REMOVAL (Specify) <b>Burial</b> | 24b. DATE <b>3/8/1953</b> | 24c. NAME OF CEMETERY OR CREMATORY <b>City Cemetery</b> | 24d. LOCATION (City, town, or county) (State) <b>Poplar Bluff, Missouri</b> |
|----------------------------------------------------------|---------------------------|---------------------------------------------------------|-----------------------------------------------------------------------------|

|                                          |                                          |                                                                |                                  |
|------------------------------------------|------------------------------------------|----------------------------------------------------------------|----------------------------------|
| DATE REC'D BY LOCAL REG. <b>3-7-1953</b> | REGISTRAR'S SIGNATURE <b>[Signature]</b> | 25. FUNERAL DIRECTOR'S SIGNATURE <b>Greer Croy &amp; Fitch</b> | ADDRESS <b>Poplar Bluff, Mo.</b> |
|------------------------------------------|------------------------------------------|----------------------------------------------------------------|----------------------------------|

RECEIVED

MAR 11 1953

BUTLER CO. HEALTH CENTER

FILE No. 353-137

MAR 19 1958

MAR 20 1953

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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed

*Joseph R. Matlock*

Licensed Embalmer No. 4824

P. O. Address Payson, Bluff, 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.