

No. 300
10-48

FILED JUN 4 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17611

State File No.

Registrar's No. 70

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Sikeston</u>		c. CITY OR TOWN <u>Morehouse</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>4 days</u>		e. STREET ADDRESS (If rural, give location) <u>-----</u>	
d. FULL NAME OF (If not in hospital or institution, give street address of location) HOSPITAL OR INSTITUTION <u>Mo. Delta Community Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Chrozier</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-23-1954</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>5-13-1871</u>
9. AGE (In years last birthday) <u>83</u>		10. IF UNDER 1 YEAR Months _____ Days _____	11. IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Lumber Company</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>H&H Lbr. Co</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Pulaski, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Chrozier</u>	
13b. MOTHER'S MAIDEN NAME <u>Sarah Nellums</u>		14. NAME OF HUSBAND OR WIFE <u>Dora Chrozier</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>?</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Edna Landers, Daughter</u> ADDRESS <u>Morehouse, Missouri</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>1. MEDICAL CERTIFICATION</u> a. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (b) <u>Bund. Thromb. Th. + III</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) _____ II. OTHER SIGNIFICANT CONDITIONS <u>1. UREMIA</u> <u>2. SEPTICEMIA</u>		19. INTERVAL BETWEEN ONSET AND DEATH <u>96 hrs.</u>	
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.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Morehouse, Missouri</u>	
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 <u>5-19-</u> , 19 <u>54</u> , to <u>5-23-</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>5-23</u> , 19 <u>54</u> , and that death occurred at <u>7:50 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Anna B. Smith M.D.</u>		23b. ADDRESS <u>Morehouse Mo</u>	
23c. DATE SIGNED <u>5-26-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Home</u>	
24b. DATE <u>5-26-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Morehouse, Mo</u>		25. HEALTH DEPARTMENT DIRECTOR'S SIGNATURE <u>Henry Jones</u> ADDRESS <u>Morehouse, Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-29-54</u>		REGISTRAR'S SIGNATURE <u>Mrs. Edna Landers</u>	

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

DATE RECEIVED JUN 1 1954

SCOTT CO. HEALTH DEPT.

FILE No. 654-~~308~~108

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

Signature of Student Embalmer

Signed John Albert

Licensed Embalmer No. 29

P. O. Address St. Louis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.

2-25-54

George