

BIRTH NO. _____ REG. DIST. NO. 52 PRIMARY REG. DIST. NO. 3009 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Jackson</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Randles</u> <u>0160</u>	
c. LENGTH OF STAY (in this place) <u>4 months</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Deal Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) <u>OVERTON DE WEASE CHISAM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 22, 1954</u>	
a. (First)		b. (Middle)	
c. (Last)			

5. SEX <u>Male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>divorced</u>	8. DATE OF BIRTH <u>Jan 13, 1866</u>	9. AGE (In years last birthday) <u>88</u>	UNDER 1 YEAR Months	1 YEAR Days	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>	10b. KIND OF BUSINESS OR INDUSTRY <u></u>	11. BIRTHPLACE (State or foreign country) <u>Walling Town</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James Chesam</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Anderson</u>	14. NAME OF HUSBAND OR WIFE <u>unknown</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 <u>Geo M. Chesam</u>	ADDRESS <u>Randles 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		INTERVAL BETWEEN ONSET AND DEATH <u>4.5 hrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Asphyxia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart Failure</u> DUE TO (c) <u></u>		
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 <u>334X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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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?
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22. I hereby certify that I attended the deceased from Aug 21, 1954, to Aug 22, 1964, that I last saw the deceased alive on Aug 21, 1954, and that death occurred at 330P m., from the causes and on the date stated above.

23a. SIGNATURE <u>D. G. Lubert</u>	(Degree or title) <u>MD</u>	23b. ADDRESS <u>43 -</u>	23c. DATE SIGNED <u>8-23-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug 26, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Garden</u>	24d. LOCATION (City, town, or county) (State) <u>Walling Town</u>
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DATE REC'D BY LOCAL REG. <u>Aug 24 1954</u>	REGISTRAR'S SIGNATURE <u>D. G. Lubert</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Mitchell</u>	ADDRESS <u>East Prairie Mo</u>
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SEP 8

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 *J. Elgin Mitchell*

Licensed Embalmer No. *4695*

P. O. Address *East Prairie Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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