

No. 300  
10. 48

FILED SEP 7 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **28132**

05510  
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>175</u>		PRIMARY REG. DIST. NO. <u>3036</u>		Registrar's No. <u>60</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u> b. CITY (If outside corporate limits, write RURAL and give town) <u>Aurora</u> c. LENGTH OF STAY (in this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Aurora Hospital</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Barry</u> c. CITY (If outside corporate limits, write RURAL and give township) <u>Cassville,</u> d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED a. (First) <u>HERBERT</u> b. (Middle) <u>LEWIS</u> c. (Last) <u>CHASTAIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8-23-1954</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>8-9-1911</u>	
9. AGE (In years last birthday) <u>43</u>		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) <u>grader operator</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Highway dept</u>		11. BIRTHPLACE (State or foreign country) <u>Purdy, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>James Chastain</u>			13b. MOTHER'S MAIDEN NAME <u>Nancy Jane Bradley</u>		14. NAME OF HUSBAND OR WIFE <u>Ruth Chastain</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>494-20-0377</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Ruth Chastain-Cassville, MO.</u>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Nephritis</u>  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Rheumatic heart. valvular stenosis left sided heart failure</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7 days</u> <u>6 wks.</u>
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>590 X</u>					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 <u>Dec.</u> , 19 <u>50</u> , to <u>Aug. 23</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>Aug. 22</u> , 19 <u>54</u> , and that death occurred at <u>8:05 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Orrelallan M.D.</u> (Degree or title)				23b. ADDRESS <u>215 W. Madison Ave. Cassville</u>		23c. DATE SIGNED <u>Aug 24 54</u>	
24a. BURIAL (Specify) <u>Burial</u>		24b. DATE <u>8-25-1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Purdy Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Purdy, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-30-54</u>		REGISTRAR'S SIGNATURE <u>Dora Mc Natt</u> <u>157</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul N. Herbert - Cassville</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

SEP 9 1954

SEP 8 1954

1954

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

*Paul H. Herbert*

Licensed Embalmer No. 4576

P. O. Address Cassville, 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.