

FILED NOV 8 - 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35013

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6047 Registrar's No. 32

0920  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>St. Charles Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wentzville-6 mi. North of St. Charles</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bowling Green</u>	
c. LENGTH OF STAY (in this place) _____		d. STREET ADDRESS (If rural, give location) <u>Highway 61</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Eldridge</u> b. (Middle) <u>-</u> c. (Last) <u>Chandler</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 28 1954</u>	
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	8. DATE OF BIRTH <u>Sept. 1, 1909</u>	9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR: Months <u>1</u> Days <u>27</u>	IF UNDER 100 HRS: Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>care operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>cafe</u>	11. BIRTHPLACE (State or foreign country) <u>Lincoln Co. Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>William Chandler</u>	13b. MOTHER'S MAIDEN NAME <u>Edna Jane Shuck</u>	14. NAME OF HUSBAND OR WIFE <u>Velma M. Chandler</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY (If you give war or dates of service) <u>479-01-2890</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Velma Chandler</u> ADDRESS <u>Bowling Green, 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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Due to Multiple injuries</u>		
	ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Automobile hitting Truck</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		<u>E8161 26</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 61</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Cuiver 0922 St. Charles Mo</u>
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct. 29, 1954 m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Car hit Truck</u>
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22. I hereby certify that I attended the deceased from Held inquest October 30, 1954, 1954, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Morris Muehary Coroner</u>	23b. ADDRESS <u>Wentzville, Mo</u>	23c. DATE SIGNED <u>Nov. 2, 1954</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-31-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Eolia</u>	24d. LOCATION (City, town, or county) (State) <u>Eolia Mo</u>
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DATE REC'D BY LOCAL REG. <u>11/2/54</u>	REGISTRAR'S SIGNATURE <u>Morris Muehary</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. P. Puffinberger</u> ADDRESS <u>Bowling Green, Mo.</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.....

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed.....

*James O. Mudd*

Licensed Embalmer No. *4152*

P. O. Address *Beeching Green, Md.*

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.