

FILED MAR 12 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4024

BIRTH NO. _____		REG. DIST. NO. <u>53</u>		PRIMARY REG. DIST. NO. <u>3010</u>		Registrar's No. <u>1167</u>		
1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Union</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. LENGTH OF STAY (If this place) <u>11 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Anna</u>		8/12/56		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>115 1/2 Washington</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Gibbs</u> c. (Last) <u>Chase</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 5, 1956</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>Feb. 11, 1899</u>		9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fire Chief</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Anna Fire Dept.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Anna, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>John Manley Chase</u>		13b. MOTHER'S MAIDEN NAME <u>Nellie Hunsaker</u>		14. NAME OF HUSBAND OR WIFE <u>Bessie E. Chase</u>				
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>342-03-6236</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bessie E. Chase Anna, Illinois</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.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac decompensation & failure</u>								
ANTECEDENT CAUSES				DUE TO (b) <u>(1) Coronary heart disease</u>				
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				(2) <u>Renal failure</u>				
DUE TO (c) _____								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>X</u>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</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>2-24-</u> , 19 <u>56</u> , to <u>3-5-</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-5-</u> , 19 <u>56</u> , and that death occurred at <u>11:30 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Clarence E. Bates M.D.</u>				23b. ADDRESS <u>714 Broadway, Cape Girardeau, Mo.</u>		23c. DATE SIGNED <u>3-7-56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3/8/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Anna</u>		24d. LOCATION (City, town, or county) (State) <u>Anna, Illinois</u>			
DATE REC'D BY LOCAL REG. <u>3-7-56</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hal R. McCarty</u>		ADDRESS <u>Anna, Ill.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

APR 2 3 1958

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 Hal R. McCarty

Licensed Embalmer No. Ill. 8292

P. O. Address Anna, Illinois

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.