.300
.48

FILED APR 30 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15380
State File No.

BIRTH NO. REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4544 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: WEBSTER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NIANGUA
c. LENGTH OF STAY (In this place): 12 YRS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location):

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: WEBSTER
c. CITY OR TOWN: NIANGUA
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 1120

3. NAME OF DECEASED (Type or Print): a. (First) NANCY b. (Middle) EVELYN c. (Last) CHANDLER
4. DATE OF DEATH (Month) (Day) (Year): APR 13 1956
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: 8-25-187X
9. AGE (In years last birthday): 81 | 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): HOUSE WIFE
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (City and State or Foreign Country): MISSOURI
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: WILLIAM KILBURN
13b. MOTHER'S MAIDEN NAME: MARTHA DUNCAN
14. NAME OF HUSBAND OR WIFE: THOMAS. S.
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: —
17. INFORMANT'S SIGNATURE OR NAME: THOMAS CHANDLER ADDRESS: NIANGUA MO

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CONGESTIVE CIRCULATORY FAILURE — INTERVAL BETWEEN ONSET AND DEATH

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) DECOMPENSATED HYPERTENSIVE HEART DISEASE
DUE TO (c) ARTERIOSCLEROSIS

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* ARTERIOLAR NEPHROSCLEROSIS

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 443X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-16, 1955, *to* 4-18, 1956, *that I last saw the deceased alive on* 4-12, 1956, *and that death occurred at* 730 D m., *from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] (Degree or title): DO
23b. ADDRESS: Marshfield, Mo.
23c. DATE SIGNED: 4/26/56

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 4-19-1956
24c. NAME OF CEMETERY OR CREMATORY: PROSPECT
24d. LOCATION (City, town, or county) (State): WEBSTER CO MO

DATE REC'D BY LOCAL REG.: 4/29/56
REGISTRAR'S SIGNATURE: [illegible]
25. FUNERAL DIRECTOR'S SIGNATURE: PW BARBER ADDRESS: MARSHFIELD MO
(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.