No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 21059

BIRTH NO. _____ REG. DIST. NO. 176 PRIMARY REG. DIST. NO. 4278 Registrar's No. 16

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

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

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lawrence
c. CITY OR TOWN: Miller
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 0 0 0

3. NAME OF DECEASED (Type or Print)
a. (First): Wilford
b. (Middle): Valentine
c. (Last): Chastain

4. DATE OF DEATH (Month) (Day) (Year): 5-7-1956

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-13-1874
9. AGE (In years last birthday): 81 — IF UNDER 1 YEAR: Months 4, Days 24 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Common Laborer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Lachede Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: Missouri

13a. FATHER'S NAME: William Chastain
13b. MOTHER'S MAIDEN NAME: Sarah Stork
14. NAME OF ~~HUSBAND~~ OR WIFE: Minnie Chastain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): None
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs. Minnie Chastain — ADDRESS: Miller Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Respiratory Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral Thermorrhage — 6 hrs.
DUE TO (c): — unknown — —

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: 331X
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* 5-7-, 1956, *to* 5-7, 1956, *that I last saw the deceased alive on* May 7, 1956, *and that death occurred at* 12:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold E George DO Counsel Co. Health Officer
23b. ADDRESS: Mt Vernon Mo
23c. DATE SIGNED: 5/8/56

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 5-9-1956
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Pheasant Grove
24d. LOCATION (City, town, or county): S. of Miller (State): Mo.

DATE REC'D BY LOCAL REG.: 6-7-56
REGISTRAR'S SIGNATURE: W. B. Bussey
25. FUNERAL DIRECTOR'S SIGNATURE: Morris Leiman — ADDRESS: Miller Mo

(Licensed Embalmer's Statement on Reverse Side)

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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 emba

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed E. R. Leiman

Licensed Embalmer No. 329

P. O. Address Miller

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