

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

No. 300
10-48

FILED AUG 22 1956

State File No. **25855**

BIRTH NO. **49327-56** REG. DIST. NO. _____ PRIMARY REG. DIST. NO. **3000** Registrar's No. **246**

1. PLACE OF DEATH a. COUNTY Adair		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Mo b. COUNTY Scotland	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kirkville		c. CITY OR TOWN Rutledge	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION K. O. H. Hospital		e. STREET ADDRESS (If rural, give location) 0990/	

3. NAME OF DECEASED (Type or Print)	a. (First) Tommie	b. (Middle) Eugene	c. (Last) Chancellor	4. DATE OF DEATH (Month) (Day) (Year) Aug. 13, 1956
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED , DIVORCED (Specify)	8. DATE OF BIRTH August 12, 1956	9. AGE (In years last birthday) 8	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 WRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kirkville, Missouri	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Lee Chancellor	13b. MOTHER'S MAIDEN NAME Helen Nadine Winn	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Lee Chancellor Rutledge	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERNAL BETWEEN ONSET AND DEATH 1 1/2 hour
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Circulatory collapse		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pulmonary atelectasis DUE TO (c) _____		
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 7620	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Aug. 12, 1956**, to **Aug. 13, 1956**, that I last saw the deceased alive on **Aug. 12, 1956**, and that death occurred at **12:22am.**, from the causes and on the date stated above.

23a. SIGNATURE W. O. Reynolds (Degree or title) DO	23b. ADDRESS KOH Kirkville, Mo.	23c. DATE SIGNED 8-14-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 14, 1956	24c. NAME OF CEMETERY OR CREMATORY Pauline Cemetery	24d. LOCATION (City, town, or county) (State) Rutledge, Missouri
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DATE REC'D BY LOCAL REG. 8-14-56	REGISTRAR'S SIGNATURE Kate Lambert	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS [Address]
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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 embalmed by me, or by, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed.....

Licensed Embalmer No. 4250

P. O. Address Memphis

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.