

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-005088

STATE FILE NUMBER

FILED MAR 3 - 1958

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 167C

300  
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

|  |  |   |   |
|--|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Mo.</u><br>b. COUNTY <u>Dallas</u>                     |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Springfield</u><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |  | c. CITY OR TOWN <u>Buffalo</u><br>Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Springfield Baptist Hosp. 12 hrs</u><br>Length of stay in lb   |  | d. STREET ADDRESS (If outside, give location)<br>Beside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                         |   |
| 3. NAME OF DECEASED (Type or print)<br>First <u>Austin</u> Middle <u>B.</u> Last <u>Chicken</u>  |  |   | 4. DATE OF DEATH<br>Month <u>Feb.</u> Day <u>17</u> Year <u>1958</u>                              |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u>  | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>Mar. 27, 1881</u>  |
| 9. AGE (In years last birthday) <u>76</u>  |  | 10. F UNDER 1 YEAR<br>Months <u>10</u> Days <u>20</u>   | 11. IF UNDER 24 HRS.<br>Hours <u>2</u> Min.   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>   |  | 10b. KIND OF BUSINESS OR INDUSTRY   | 11. BIRTHPLACE (City and state or country)<br><u>Rose, Kansas</u>                                 |
| 12. CITIZEN OF WHAT COUNTRY?<br><u>U.S.A</u>   |  | 13a. FATHER'S NAME<br><u>Stephen Chicken</u>  |   |
| 13b. MOTHER'S MAIDEN NAME<br><u>Unknown</u>  |  | 14. NAME OF HUSBAND OR WIFE<br><u>Nettie Chicken</u>  |   |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><u>NO</u>   |  | 16. SOCIAL SECURITY NO.<br><u>-</u>   |   |
| 17. INFORMANT<br><u>Nettie Chicken</u>   |  | Address<br><u>Buffalo Mo.</u>   |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral Hemorrhage</u>  |  |   | INTERVAL BETWEEN ONSET AND DEATH  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____   |  |   |   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>331x</u>   |  |   | 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>  | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)<br><u>---</u> |   |   |
| 20c. TIME OF INJURY<br>Hour _____<br>a.m. _____<br>p.m. _____  |  |   |   |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>  | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><u>---</u>     | 20f. CITY, TOWN, OR LOCATION<br><u>Springfield</u>  | COUNTY <u>Mo.</u><br>STATE  |
| 21. I attended the deceased from <u>16 Feb 58</u> to <u>17 Feb 58</u> and last saw <sup>her</sup> him alive on <u>17 Feb 58</u><br>Death occurred at <u>6:30</u> <u>A</u> m on the date stated above; and to the best of my knowledge, from the causes stated. |  |   |   |
| 22a. SIGNATURE <u>Montgomery Peterson MD</u> (Degree or title)   |  | 22b. ADDRESS<br><u>Springfield Mo</u>   | 22c. DATE SIGNED<br><u>22 Feb 58</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   | 23b. DATE<br><u>2/20/1958</u>  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Oak Lawn</u>   | 23d. LOCATION (City, town, or county) (State)<br><u>Buffalo Mo.</u>                               |
| 24. FUNERAL DIRECTOR<br><u>Montgomery Funeral Home</u>   | ADDRESS<br><u>Buffalo Mo.</u>  | 25. DATE RECD. BY LOCAL REG.<br><u>2-25-58</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Effie G. Melton</u>   |

Doctor, coroner, etc. must use only standard nomenclature in item 18. NO symptoms were observed. All diseases in Part I must be causally related.

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 *Blyde Montgomery* .....

Licensed Embalmer No. *3592* .....

P. O. Address *Buffalo, Mo.* .....

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.