

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-031721  
STATE FILE NUMBER

FILED OCT 14 1958 Registration District No. 38 Primary Registration District No. 3006 Registrar's No. 456

1. PLACE OF DEATH a. COUNTY Boone		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Boone	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Columbia		c. CITY OR TOWN Columbia	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Rector Nursing Home		d. STREET ADDRESS (If outside, give location) 101 N. 8th St.	

3. NAME OF DECEASED (Type or print) First Middle Last CORA CHANDLER			4. DATE OF DEATH Month Day Year October 9, 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH August 15, 1885	9. AGE (In years last birthday) 73	10. UNDER 1 YEAR Months Days Hours Min.	11. UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home	10b. KIND OF BUSINESS OR INDUSTRY At Home	11. BIRTHPLACE (City and state or country) Columbia, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Abner Chandler	13b. MOTHER'S MAIDEN NAME Kathryn McCormick	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) No	16. SOCIAL SECURITY NO. 1-93-17-8186A	17. INFORMANT Miss Jessie Chandler, Columbia, Mo.	Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Arteriosclerotic Heart Disease</i>		INTERVAL BETWEEN ONSET AND DEATH <i>unknown</i>
DUE TO (b) <i>Arteriosclerotic Generalized</i>		<i>unknown</i>
DUE TO (c) <i>4200</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		

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.)
20c. TIME OF INJURY Hour Month, Day, Year a.m. 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.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 11-2-55 to 10-9-58 and last saw her alive on 10-9-58  
Death occurred at 10:50 P. M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Charles M. Janke, M.D.</i>	22b. ADDRESS <i>Columbia, Missouri</i>	22c. DATE SIGNED <i>10-10-58</i>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Oct. 11, 1958</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Columbia Cemetery</i>	23d. LOCATION (City, town, or county) (State) <i>Columbia, Missouri.</i>
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24. FUNERAL DIRECTOR <i>Parker Funeral Service, Columbia, Mo.</i>	25. DATE RECD. BY LOCAL REG. <i>Oct 10 1958</i>	26. REGISTRAR'S SIGNATURE <i>Mrs R E Palmer</i>
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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300  
1-57

**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 Douglas P. Gorman

Licensed Embalmer No. 5037  
P. O. Address Columbia,

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.