

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039381

STATE FILE NUMBER

FILED DEC 10 1958

Registration District No. 098 Primary Registration District No. _____ Registrar's No. 109

S. 300 3
1-57

1. PLACE OF DEATH a. COUNTY <u>Dayless</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Livingston</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Salem, Town</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Chillicothe</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Coffey</u>		Length of stay in lb <u>Auto Accident</u>	d. STREET ADDRESS (If outside, give location) <u>119 Madison</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Clyde Bert Chadwick</u>			4. DATE OF DEATH Month Day Year <u>11-27-1958</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>October 12, 1889</u>	9. AGE (In years last birthday) <u>69</u>	FUNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Pensioned Gov't</u>	11. BIRTHPLACE (City and state or country) <u>McFall, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Lone Siegle Chadwick</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Florence McCloud</u>		14. NAME OF HUSBAND OR WIFE <u>--</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes World # 1</u>		16. SOCIAL SECURITY NO. <u>490-20-4940</u>	17. INFORMANT Address <u>Mrs. Blanche Wooden, Braymer, Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>severing of both carotid arteries</u> DUE TO (b) <u>broken neck - skull fracture</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
20a. ACCIDENT <input checked="" 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.) <u>Automobile accident</u>			
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 checked="" type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory street, office bldg., etc.) <u>Highway N. Daviess Co 2 mi west Coffey</u>		20f. CITY, TOWN, OR LOCATION <u>Daviness Co</u>		COUNTY	STATE <u>Mo.</u>
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at <u>4:30 P.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>P. Baumgardner D.V.</u>			22b. ADDRESS <u>Pattonsburg, Mo.</u>		22c. DATE SIGNED <u>11/29/58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-30-1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>McFall Cemetery</u>		23d. LOCATION (City, town, or county) <u>McFall, Missouri</u>
24. FUNERAL DIRECTOR <u>Louis Quest</u>		ADDRESS <u>Pattonsburg, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-2-1958</u>	26. REGISTRAR'S SIGNATURE <u>Vergil M. Engelhart</u>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

1931 1 6 1931

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 *Louis Zwert*

Licensed Embalmer No. *4096*

P. O. Address *Pattonsburg*

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.