

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

STATE FILE NUMBER **63-047456**

Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 477

FILED DEC 23 1963

VS 300	DATE AMENDED	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS	INSTEAD OF	DOCUMENT	MEDICAL CERTIFICATION	BY AFFIDAVIT OF
Rev. 4/59						
1 <u>0269</u>						
2 <u>0140</u>						
3 <u>2</u>						
4 <u>1</u>						
5 <u>1</u>						
6						
7 <u>1</u>						
8 <u>0</u>						
9 <u>200.1</u>						
10						
11						
12 <u>3-0</u>						
13 <u>3-0</u>						
ITEM NO.	SHOULD READ					

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Cole		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Callaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City		Length of stay in 1b	c. CITY OR TOWN Holt's Summit
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Memorial Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) none
3. NAME OF DECEASED (Type or print) First Bettie Middle Jo Last Chandler		4. DATE OF DEATH Month Dec. Day 18, Year 1963	
5. SEX female	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 6/22/31
9. AGE (last birthday) 32		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY none	11. BIRTHPLACE (City and state or country) Madison County, Tenn.
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME J. L. Studards	
13b. MOTHER'S MAIDEN NAME Katie Lee Smith		14. NAME OF HUSBAND OR WIFE J. Douglas Chandler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. [redacted]	
17. INFORMANT J. Douglas Chandler, Jefferson City, Mo.		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Brain metastasis DUE TO (b) Malignant Lympho sarcoma Mediastinum DUE TO (c) [redacted] PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) cervical metastasis			INTERVAL BETWEEN ONSET AND DEATH 2 months 2 months
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.)			
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.		20d. INJURY OCCURRED WHILE AT WORK <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 10/18/63 COUNTY Carroll STATE Tennessee	
21. I attended the deceased from 10/18/63 to 12/18/63 and last saw her 12/18/63 alive on 12/18/63 Death occurred at 11:05 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. J. Canapaw M.D.		22b. ADDRESS 515 E High St	
22c. DATE SIGNED 12/19/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Dec. 21, 1963	
23c. NAME OF CEMETERY OR CREMATORY Lebanon Church Cemetery		23d. LOCATION (City, town, or county) Carroll County, Tennessee	
24. FUNERAL DIRECTOR Freeman Mortuary, Jefferson City, Mo.		25. DATE RECD. BY LOCAL REG. 19 December 1963	
26. REGISTRAR'S SIGNATURE Marvin E. Richter			

(Licensed Embalmer's Statement on Reverse Side)

DEC 26 1988

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 Thomas B. Otko, Student Embalmer No. 713
working under my personal supervision.

Student Thomas J. Otko
Signature of Student Embalmer

Signed Donald R. Freeman

Licensed Embalmer No. 4623

P. O. Address Jefferson City, 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.