MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

67 0026854 STATE FILE NUMBER

Registration District No. _131_ Primary Registration District No. _3023_ Registrar's No. _196_

FILED AUG 7 1967

DO NOT WRITE ON THIS STUB	AMENDED	DATE AMENDED
VS 300 Rev. 4/59		
1 _0425_		
2 _0930_		
3		
4 _0_		
5 _1_		
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7 _0_		
8 _0_		
9 _332 X_		
10		
11		
12 _2-9_		
13 _1-0_		

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS — INSTEAD OF — SHOULD READ — DOCUMENT — BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

ITEM NO.

1. PLACE OF DEATH
a. COUNTY _Henry_
b. CITY OR TOWN _Clinton_   Length of stay in 1b _2½ days_
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) _Wetzel Hospital_   Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE _Mo._   b. COUNTY _St. Clair_
c. CITY OR TOWN _Deepwater_   Inside Limits Yes ☐ No ☒
d. STREET ADDRESS _RR2_   Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)
First _William_ Middle _Ephriam_ Last _Chiles_
4. DATE OF DEATH Month _8_ Day _1_ Year _1967_

5. SEX _Male_ **6. COLOR OR RACE** _White_
7. Married ☒ Widowed ☐ Never Married ☐ Divorced ☐
8. DATE OF BIRTH _11-8-1883_ **9. AGE (last birthday)** _83_
IF UNDER 1 YEAR Months / Days IF UNDER 24 HR Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _retired farmer_
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) _St. Clair County Mo._
12. CITIZEN OF WHAT COUNTRY _U.S.A._

13a. FATHER'S NAME _Henry Chiles_
13b. MOTHER'S MAIDEN NAME _Olive DeFore_
14. NAME OF HUSBAND OR WIFE _Blanche Chiles_

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. _486-56-4083T_
17. INFORMANT _Blanche Chiles_ Address _Deepwater, Mo. RR2_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	_Medullary paralysis_	_Minutes_
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	_Cerebral vascular thrombosis_	_48-hr._
DUE TO (c)	_Cerebral arteriosclerosis_	_Years_

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from _2/2/1964_ to _8/1/67_ and last saw him alive on _8/1/67_
Death occurred at _6:55 a.m._ _8/1/67_ m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE _James C. Clouse Do_ (Degree or title)
22b. ADDRESS _101 E. Ohio Clinton M_
22c. DATE SIGNED _8/1/67_

23a. BURIAL, CREMATION, REMOVAL (Specify) _Burial_
23b. DATE _8-3-1967_
23c. NAME OF CEMETERY OR CREMATORY _Lowry City Cemetery_
23d. LOCATION (City, town, or county) _Lowry City_ (State) _Mo._

24. FUNERAL DIRECTOR ADDRESS _Goodrich Funeral Home Osceola, Mo._
25. DATE REC'D. BY LOCAL REG. _Aug. 2 1967_
26. REGISTRAR'S SIGNATURE _Mildred Bigum_

(Licensed Embalmer's Statement on Reverse Side)

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_____   Signed *Paul Firestone*
        Signature of Student Embalmer

Licensed Embalmer No. *3990*

P. O. Address *Osceola 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.