

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41264

State File No.

FILED DEC 22 1951		REG. DIST. NO. 128		PRIMARY REG. DIST. NO. 2000		Registrar's No. 1075	
1. PLACE OF DEATH a. COUNTY Greene				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Greene			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Springfield			
d. FULL NAME OF HOSPITAL OR INSTITUTION 1336 N. Robberson				d. STREET ADDRESS (If rural, give location) 1336 N. Robberson			
3. NAME OF DECEASED (Type or Print) Robert M. Chandler				4. DATE OF DEATH (Month) (Day) (Year) Dec. 19, 1951			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 12-28-1876	
9. AGE (In years last birthday) 74		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 1 YEAR Hours Min.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer				10b. KIND OF BUSINESS OR INDUSTRY Farm			
11. BIRTHPLACE (State or foreign country) Greene Co. Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Wm. A. Chandler				13b. MOTHER'S MAIDEN NAME Connley		14. NAME OF HUSBAND OR WIFE Maggie Chandler	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 491-03-0795		17. INFORMANT'S SIGNATURE OR NAME Maggie Chandler ADDRESS Springfield, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of prostate with Metastasis INTERVAL BETWEEN ONSET AND DEATH 2 yrs ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION Prostatectomy 3 yrs ago @ A. Prostate		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 177X		22. I hereby certify that I attended the deceased from 6-20, 1951 , to 12-19, 1951 , that I last saw the deceased alive on 12-18, 1951 , and that death occurred at 9:45 m., from the causes and on the date stated above.			
23a. SIGNATURE C. E. Feller M.D. (Degree or title)				23b. ADDRESS 609 Cherry Springfield, Mo.		23c. DATE SIGNED 12-20-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 12-23-51		24c. NAME OF CEMETERY OR CREMATORY Mt. Comfort		24d. LOCATION (City, town, or county) (State) Greene Co. Missouri	
DATE REC'D BY LOCAL REG. 12-22-51		REGISTRAR'S SIGNATURE Edith Williamson		11. Deputy Registrar J. H. Klingner		25. FUNERAL DIRECTOR'S SIGNATURE Spaford, Mo. ADDRESS	

(Licensee, Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

June 3, 1945

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
Student Embalmer

Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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 this body is not embalmed, fact should be so stated above.