

FILED SEP 13 1971

12471 0030886

CERTIFICATE OF DEATH

Registration District No. 11 Primary Registration District No. 4024 Registrar's No. 74

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/70

| | | | | | |
|--|--|--|---|--|---|
| DECEASED—NAME FIRST MIDDLE LAST | | | SEX | DATE OF DEATH (MONTH, DAY, YEAR) | |
| 1. TROY (X) CHADD | | | 2. M. | 3. Sept. 5, 1971 | |
| RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) | AGE—LAST BIRTHDAY (YEARS) | UNDER 1 YEAR MOS. DAYS | UNDER 1 DAY HOURS MIN. | DATE OF BIRTH (MONTH, DAY, YEAR) | |
| 4. White | 5a. 69 | 5b. | 5c. | 6. April 2, 1902 7a. Barry | |
| CITY, TOWN, OR LOCATION OF DEATH | | | HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) | | |
| 7b. Cassville | | | 7c. yes 7d. So. Barry Co. Hospital | | |
| STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) | | CITIZEN OF WHAT COUNTRY | | SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) | |
| 8. Missouri | | 9. USA | | 11. Marie Elgin | |
| SOCIAL SECURITY NUMBER | | USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) | | KIND OF BUSINESS OR INDUSTRY | |
| 12. 499-10-0051 | | 13a. Carpenter | | 13b. Home building | |
| RESIDENCE—STATE | | CITY, TOWN, OR LOCATION | | STREET AND NUMBER | |
| 14a. Mo. | | 14b. Barry | | 14c. Washburn | |
| 14d. yes | | 14e. | | | |
| FATHER—NAME FIRST MIDDLE LAST | | | MOTHER—MAIDEN NAME FIRST MIDDLE LAST | | |
| 15. John Chadd | | | 16. Desda Looney | | |
| INFORMANT—NAME | | | MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | |
| 17a. Marie Chadd | | | 17b. Washburn, Mo. 65772 | | |
| PART I. DEATH WAS CAUSED BY: | | IMMEDIATE CAUSE | | APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH | |
| 18. | | (a) Myocardial infarction | | | |
| DUE TO, OR AS A CONSEQUENCE OF: | | (b) | | | |
| CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST | | (c) | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a) | | | | AUTOPSY (YES OR NO) | IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH |
| | | | | 19. No | 19b. |
| ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) | DATE OF INJURY (MONTH, DAY, YEAR) | HOUR | HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18.) | | |
| 20a. | 20b. | 20c. | 20d. | | |
| INJURY AT WORK (SPECIFY YES OR NO) | PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY) | LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) | IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS | | |
| 20a. | 20b. | 20c. | 20d. YES NO UNK | | |
| CERTIFICATION—PHYSICIAN: | MONTH DAY YEAR | MONTH DAY YEAR | AND LAST SAW HIM/HER ALIVE ON | DID/DID NOT VIEW THE BODY AFTER DEATH. | DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED. |
| 21a. I ATTENDED THE DECEASED FROM | AUG 27 1969 | TO SEPT 5 1971 | SEPT 5 1971 | 21d. did | 21e. 7:30p M. |
| CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. | | | HOURS OF DEATH | THE DECEDENT WAS PRONOUNCED DEAD | MONTH DAY YEAR HOUR |
| 22a. | | | 22b. | 22c. | 22d. |
| CERTIFIER—NAME (TYPE OR PRINT) | | SIGNATURE | DEGREE OR TITLE | DATE SIGNED (MONTH, DAY, YEAR) | |
| 23a. Gerald H Johnson D.O. | | 23b. Gerald H Johnson | 23c. D.O. | 23d. SEPT 7, 1971 | |
| MAILING ADDRESS—CERTIFIER | | STREET OR R.F.D. NO. CITY OR TOWN | | STATE ZIP | |
| 23a. 301 W Eighth Street | | Cassville, Missouri | | 65625 | |
| BURIAL, CREMATION, REMOVAL (SPECIFY) | CEMETERY OR CREMATORY—NAME | | LOCATION CITY OR TOWN STATE | | |
| 24a. Burial | 24b. Washburn Prairie Cem. | | Washburn, Missouri | | |
| DATE (MONTH, DAY, YEAR) | FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) | | | | |
| 24a. Sept. 8, 1971 | 24b. Williamson 1303 Main, Cassville, Mo 65625 | | | | |
| FUNERAL DIRECTOR—SIGNATURE | REGISTRAR—SIGNATURE | DATE RECEIVED BY LOCAL REGISTRAR | | | |
| 25a. Roy E Williamson | 25b. Grace Williamson | 25c. Sept 7, 1971 | | | |

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

9. 0
10a. 69
10b. 40050
11. 0
12. 1
13. 410.9
14. 4
15. 4
16.
17.
18. 2
19. CREDITS
20. 1-0

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

Type or print in PERMANENT BLACK INK. See handbook for instructions.

SEP 29 1971

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 Roy E Williamson

Licensed Embalmer No. 4883
P. O. Address Cassville, 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.

Funeral permit obtained 9-17-71
E.W.
[Signature]