

FILED MAY 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13307

BIRTH NO. _____		REG. DIST. NO. 224		PRIMARY REG. DIST. NO. 3046		Registrar's No. 21			
1. PLACE OF DEATH a. COUNTY Moniteau Co				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Moniteau					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker 10 Yrs				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN California, Mo Walker					
d. FULL NAME OF HOSPITAL OR INSTITUTION 500 South Oak St.				d. STREET ADDRESS (If rural, give location) 500 South Oak St. 0681					
3. NAME OF DECEASED (Type or Print)		a. (First) Lawrence		b. (Middle) Jefferson		c. (Last) Chase			
4. DATE OF DEATH		(Month) Apr		(Day) 23		(Year) 1951			
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov 14, 1878			
9. AGE (In years last birthday) 72		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant		11. BIRTHPLACE (State or foreign country) Moniteau Co		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Charles Chase		13b. MOTHER'S MAIDEN NAME Nancy Allee		14. NAME OF HUSBAND OR WIFE Laura Chase					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Laura A. Chase		ADDRESS California 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) Arteriosclerosis Coronary Thrombosis 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.				INTERVAL BETWEEN ONSET AND DEATH 4 Mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4201		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) California Moniteau Mo					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from Nov. 1, 1950, to April 23, 1951, that I last saw the deceased alive on April 23, 1951, and that death occurred at 2:30 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) S.O.				23b. ADDRESS California, Mo		23c. DATE SIGNED 4/24/51			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Apr 25, 1951		24c. NAME OF CEMETERY OR CREMATORY Masonic Cemetery		24d. LOCATION (City, town, or county) (State) California, Mo			
DATE REC'D BY LOCAL REG. 4-25-51		REGISTRAR'S SIGNATURE H.R. Popping		25. FUNERAL DIRECTOR'S SIGNATURE E. B. Bouslin		ADDRESS California, Mo			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-3-51

DISTRICT HEALTH OFFICE NO: 3

District File Number .....

Date Filed 5-3-51 .....

MAY 4 1951

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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 .....

.....  
working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed Earl R. Boulton

Licensed Embalmer No. 2126

P. O. Address California

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.