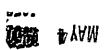
	Olfo		THE DIV	ISION OF HE	ALTH OF MISSOU	JRI				
No.300	FILED MA	Y 4 1951	STANDARD CERTIFICATE OF DEATH State File No. 13307						3307	
, 41	BIRTH NO		REG. DIST. I	10.224	PRIMARY REG. DIST. NO. 3046 Registrar's No. 2					
60	I. PLACE OF DE				2. USUAL RESID	ENCE (V	Vhere deceased live	d. If institution	: residence before	
1	MOI		0	<u> </u>	Missouri b. County Moniteau					
•	b. CITY (If outside ex		URAL and give	c. LENGTH OF	C. CITY (If outside corporate limits, write BURAL and give township) OR					
9	TOWN Calif			STAY (in this place 10 Yr S	Town California, Mo Walker					
RECORD	INSTITUTION	500 Sout	itution, give street address or location) 1 Oak St .		I ADDRESS		stre location) h Oak St.			
. 2)	3. NAME OF DECEASED	a. (First)	b.	(Middle)	c. (Last)		4. DATE (Month) (Da		
į.	(Type or Print)	awrence	Jef	ferson	Chase		OF DEATH A	pr 23	1951	
PERMANENT	Male 6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Breedty) Married		8. DATE OF BIRTH NOV 14. 1878		9. AGE (In years IF DOER 1 YEAR IF DOER 1		F MOOR H MRS. Hours Min.	
3	10a. USUAL OCCUPATIO	ON (Give kind of work		BUSINESS OR IN-	11. BIRTHPLACE (State or foreign o		'		TIZEN OF WHAT	
13	Merchant	done during most of working life, even if retired)		store	Moniteau Co		0	INTRY!		
4 1	13a. FATHER'S NAME		13b. w	THER'S MAIDEN			E OF HUSBAND	OR WIFE) • R •	
.	Charles (cy Allee)	Lau	ra Chas	Θ .		
MARE	i5. WAS DECEASED EVE (Yee, no. or unknown) (If	R IN U.S. ARMED F	ORCES? 16. SC	CIAL SECURITY	17. INFORMANT'	S SLONA	TURE OR NA	ME . A	ADDRESS	
, K	No		No.)	Laura A	KAL	iasi L	a lilma	in ma	
1 1	18. CAUSE OF DEATH MEDICAL GENTLEICATION								RVAL BETWEEN	
INK	Enter only one cause per line for (a), (b), and (c)	I. DISEASE OR CO DIRECTLY LEAD!	NDITION NG TO DEATH* _(a)	Ur.	lliosac	sero	gio,	/ ONS	ET AND DEATH	
CK	*This does not mean ANTECEDENT CAUSES								1901	
¥ I	the mode of dying, such	the mode of dying, such Morbid conditions, if any, giving DUE TO (b)								
BLA	tic. It means the dis- the underlying course last.									
ا ن	ease, injury, or complica-	II OTHER CICALE		E TO (c)	· · · · / ·	· · · · · ·				
UNFADING	tion which caused death. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death,									
ZE/	19a. DATE OF OPERA- TION 19b. MAJOR FINDINGS OF OPERATION						4201	20. A	UTOPSY1	
ñ	·						7201	YE	5 NO	
ING	21a. ACCIDENT SUICIDE HOMICIDE	(Specify) 2 b	1b. PLACE OF INJU ome, farm, factory, st	RY (e.g., in or about set, office bidg., etc.)	21d. LITY TOWN, OR T	FOWNSHIP)	(COU	NTY) A	(STATE)	
[S:D	21d. TIME (Month)	(Day) (Year) (E	Iour) 21e. INJU	IRY OCCURRED	21f. HOW DID NJURY	OCCUR?	<u> </u>	uncer	- /V(-)	
7	OF INJURY		m. WHILE AT	NOT WHILE		4				
PLAINLY—USING	22. I hereby certify	hat I-attended th	e deceased from	77	19 SO, WEN	12:		ıt I lasi saw		
₹	23a. SIGNATURE			(Degrelor tale)	23b. ADDRESS /	e causes	and on the dat	 		
	19 x	1 De	wine	D.O.	alic	-	ia, W	10 42	DATE SIGNED	
WRITE.	24a. BURIAL, CREMA- TION, REMOVAL (Bloddy) Burial		1	Me of cemeters sonic. Cer	. //		TON (City, town		(State)	
	DATE REC'D BY LOCAL				25. FUNERAL DIRECT	OR'S SI	CHATURE	ADDRES		
<u> </u>	4-20-51	MKK	pying	mao	Cong B	out	in-lo	ligos	no to	
			y ∨ (12fez	ned Empirimer's M	atement on Reverse Side	}			-0	

RECEIVED 5 3 5/

DISTRICT HEALTH OFFICE NO. 3

District File Number



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.

Signed Earl Se Boul

Licensed Embalmer No.

P. O. Address

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.