

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11579

BIRTH NO. REG. DIST. NO. 84 PRIMARY REG. DIST. NO. 5318 Registrar's No. 5

1. PLACE OF DEATH a. COUNTY <i>Cooper</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Cooper</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Rural - New Lebanon</i>	c. LENGTH OF STAY (In this place) <i>Days</i>	c. CITY OR TOWN <i>Atterville</i>	d. Is Residence within limits of a city (Incorporated town)? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>5 miles west New Lebanon</i>		e. STREET ADDRESS (If rural, give location) <i>Rural - 5 miles west New Lebanon</i>	

3. NAME OF DECEASED (Type or Print) a. (First) <i>HARRY</i> b. (Middle) <i>L.</i> c. (Last) <i>CHAY</i>		4. DATE OF DEATH (Month) (Day) (Year) <i>April 6, 1954</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Never Married</i>	8. DATE OF BIRTH <i>May 5, 1881</i>
9. AGE (In years last birthday) <i>73</i>	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Sheep Shearer</i>	10b. KIND OF BUSINESS OR INDUSTRY <i>same</i>	11. BIRTH PLACE (City and State or Foreign Country) <i>Unknown</i>
12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>			

13a. FATHER'S NAME <i>Unknown</i>	13b. MOTHER'S MAIDEN NAME <i>Unknown</i>	14. NAME OF HUSBAND OR WIFE <i>Unknown</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>	16. SOCIAL SECURITY NO. <i>Unknown</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Fred Adnold, Clarksville, Mo</i>	ADDRESS <i>Clarksville, Mo</i>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Arterio-sclerotic disease</i>		INTERNAL BETWEEN ONSET AND DEATH <i>7</i>
	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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <i>4200</i>	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?
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22. I hereby certify that I attended the deceased from *Atterville*, 19___, that I last saw the deceased alive on ___ 19___, and that death occurred at ___ m., from the causes and on the date stated above.

23a. SIGNATURE <i>M. D. DeGraze</i>	(Degree or title)	23b. ADDRESS <i>5th & Crown Booneville Mo</i>	23c. DATE SIGNED <i>4/7/54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <i>April 8, 1954</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Clarksville Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Clarksville Mo</i>
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DATE REC'D BY LOCAL REG <i>April 8, 1954</i>	REGISTRAR'S SIGNATURE <i>Kellie Mullett 7320</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>Hayes - Painter</i>	ADDRESS <i>Pilot Grove, Mo</i>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Robert L. Painter*.....

Licensed Embalmer No. *406*.....

P. O. Address *Pilot Gro.*.....

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.