

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32003A

FILED AUG 22 1956

BIRTH NO. _____		REG. DIST. NO. <u>33F</u>		PRIMARY REG. DIST. NO. <u>6132</u>		Registrar's No. <u>378</u>			
1. PLACE OF DEATH a. COUNTY <u>Shannon</u>				2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission). a. STATE <u>MO</u>				b. COUNTY <u>Shannon</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>rural, Moore</u>)		c. LENGTH OF STAY (in this place) <u>12 years</u>		c. CITY OR TOWN <u>rural, Moore</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				STREET ADDRESS (If rural, give location) _____					
3. NAME OF DECEASED (Type or Print)			a. (First) <u>Mexico</u>	b. (Middle) <u>Sarah</u>	c. (Last) <u>Chastan</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 8 1925</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>1899</u>			
9. AGE (In years last birthday) <u>26</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>housewife</u>		10. KIND OF BUSINESS OR INDUSTRY <u>housework</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Shannon Mo</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Eliza Burnes</u>		13b. MOTHER'S MAIDEN NAME <u>Abigail Goforth</u>		14. NAME OF HUSBAND OR WIFE <u>Eliza Burnes</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Artis J. Chastan Bunker, Mo</u>					
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) <u>Purpura fever</u>						INTERVAL BETWEEN ONSET AND DEATH <u>3 weeks</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>none</u>							
		DUE TO (c) <u>0</u>							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>0</u>							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						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) _____					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 <u>Oct 1</u> , 1925, to <u>Oct 8</u> , 1925; that I last saw the deceased alive on <u>Oct 3</u> , 1925, and that death occurred at <u>8A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>A. F. Bugg, M.D.</u>				23b. ADDRESS <u>Ellington, Mo</u>		23c. DATE SIGNED <u>7-18, 1956</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>Oct 10, 1925</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mooney Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield Co. Mo</u>			
DATE REC'D BY LOCAL REG <u>Aug 21 1956</u>		REGISTRAR'S SIGNATURE <u>M. J. Queen</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>None</u>		ADDRESS _____			

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

AUG 28 1958

AUG 23 1958

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..... Signed..... Licensed Embalmer No..... Signature of Student Embalmer..... 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.