

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 032

Primary Registration District No. _____

Registrar's No. _____

STATE FILE NUMBER

0047444

FILED DEC 28 1964

1. PLACE OF DEATH

a. COUNTY

BOLLINGER

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN LUTESVILLE

Length of stay in 1b
LIFE

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Home

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)

a. STATE

MO

b. COUNTY

BOLLINGER

c. CITY
OR TOWN

LUTESVILLE MO

Inside Limits
Yes ☒ No ☐

d. STREET
ADDRESS

(If outside, give location)

Reside on Farm
Yes ☐ No ☒

3. NAME OF DECEASED
(Type or print)

First

Middle

Last

WANDA

LEE

CHANDLER

4. DATE
OF DEATH

Month

Day

Year

Dec.

6

1964

5. SEX

F.M.

6. COLOR OR RACE

W

7. Married ☒

Never Married ☐

Widowed ☐

Divorced ☐

8. DATE OF BIRTH

Aug. 28, 1922

9. AGE (last birthday)

42

IF UNDER 1 YEAR

IF UNDER 24 HR

Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

House

10b. KIND OF BUSINESS OR INDUSTRY

LUTESVILLE, MO

12. CITIZEN OF WHAT COUNTRY

U.S.

13a. FATHER'S NAME

Chauncy Ricketts

13b. MOTHER'S MAIDEN NAME

Alpha Reck

14. NAME OF HUSBAND OR WIFE

LYNN CHANDLER

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

NO

NO

16. SOCIAL SECURITY NO.

94

17. INFORMANT

Lynn Chandler, Lutesville, Mo

18. CAUSE OF DEATH (Enter only one cause per line)
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

TRAUMATIC Cerebral Hemorrhage

INTERVAL BETWEEN
ONSET AND DEATH

INSTANT

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.

DUE TO (b)

SELF INFLICTED Gunshot Wound

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY
PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☒

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF
INJURY

Hour
a.m.
p.m.

Month, Day, Year

20d. INJURY OCCURRED
WHILE AT WORK ☐
NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home,
farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

Lutesville Bollinger MO

21. I attended the deceased from _____, to _____, on _____
Death occurred at 11:00 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Gene Ward Coroner

22b. ADDRESS

Lutesville MO

22c. DATE SIGNED

12-17-64

23a. BURIAL, CREMATION,
REMOVAL (Specify)

23b. DATE

12-9-64

23c. NAME OF CEMETERY OR CREMATORY

Bol. County mem.

23d. LOCATION (City, town, or county)

LUTESVILLE, MO

24. FUNERAL DIRECTOR

ADDRESS

Gene Ward Lutesville, MO

25. DATE RECD. BY LOCAL REG.

12/22/64

26. REGISTRAR'S SIGNATURE

Mr Buford Crader

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

2

VS 300
Rev. 4/59

1 0090

2 0090

3

4 1

5 1

6

7 0

8 2

9 976X

10

11

12 90-3

13 1-0

APR 1960

DEC 29 1964

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

Kenneth Riley

Licensed Embalmer No. 5086

P. O. Address

St Louis, 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.