

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 14 1949

State File No. _____

No. 300
10.48

14
2

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

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 109

1. PLACE OF DEATH a. COUNTY <u>Calloway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Fulton</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City Mo</u>	
c. LENGTH OF STAY (in this place to township) <u>1 year 21 days</u>		3. DATE OF DEATH (Month) (Day) (Year) <u>April 5 1949</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital Mo</u>		d. STREET ADDRESS (If rural, give location) <u>1616 Bellfontaine</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edgar</u> b. (Middle) _____ c. (Last) <u>Chivers</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 5 1949</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan 12 1917</u>
9. AGE (In years last birthday) <u>32</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Painter</u>	11. BIRTHPLACE (State or foreign country) <u>Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>America</u>
13a. FATHER'S NAME <u>Sam Chivers</u>		13b. MOTHER'S MAIDEN NAME <u>Rosa Brown</u>	
14. NAME OF HUSBAND OR WIFE <u>DK</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Records State Hospital Mo</u> ADDRESS <u>Fulton Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) _____		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>DK</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		II. OTHER SIGNIFICANT CONDITIONS <u>Dementia Pres ex Paranoid</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input checked="" 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>Jan 18 1949</u> , to <u>April 5 1949</u> , that I last saw the deceased alive on <u>April 4 1949</u> , and that death occurred at <u>5 PM</u> m., from the causes and on the date stated above.	
23a. SIGNATURE (Degree or title) <u>W.C. Miller MD</u>		23b. ADDRESS <u>State Hosp Fulton Mo</u>	
23c. DATE SIGNED <u>4-5-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>4-6-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Walton</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mr. J. J. Jones</u> ADDRESS <u>1426 Bellfontaine</u>	
DATE REC'D BY LOCAL REG. <u>April 6 1949</u>		REGISTRAR'S SIGNATURE <u>Margaret Lawrence</u> ADDRESS <u>426</u>	

RECEIVED
District Health Officer No. 9,
District File Number
APR 12 1949
Date Filed

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
Student Embalmer

Signed Chas. H. Smith

Licensed Embalmer No. 4437

P. O. Address 440 State St.

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.