

FILED APR 9 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9031

No. 300
10.48

5500

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

BIRTH NO.		REG. DIST. NO. 283		PRIMARY REG. DIST. NO. 4280		Registrar's No. 191			
1. PLACE OF DEATH a. COUNTY Lawrence				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Lawrence					
b. CITY OR TOWN Rural Wentworth		c. LENGTH OF STAY (in this place) 18 years		c. CITY OR TOWN Rural Wentworth					
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt J Wentworth				d. STREET ADDRESS (If rural, give location) D					
3. NAME OF DECEASED (Type or Print) a. (First) Frank			b. (Middle) Perrin		c. (Last) Chiles		4. DATE OF DEATH (Month) (Day) (Year) March 30 1949		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH July-6-1870	9. AGE (In years last birthday) 78	10. UNDER 1 YEAR 8 Months	11. UNDER 1 YEAR 24 Days		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Buckner, Mo. O.		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Henry Clay Chiles			13b. MOTHER'S MAIDEN NAME Julia Perrin		14. NAME OF HUSBAND OR WIFE Beall Chiles				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Henry Clay Chiles Fort Scott, Kan.					
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 hour Years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION Jiv 2				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) m.		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 _____, 19____, to 3/30, 1949, that I last saw the deceased alive on P.O.A., 19____, and that death occurred at 12:30 A.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) Arthur J. Trause M.D.				23b. ADDRESS Mt Vernon, Mo		23c. DATE SIGNED 3/31/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April-1-1949		24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery		24d. LOCATION (City, town, or county) (State) Independence, Mo.			
DATE REC'D BY LOCAL REG. 3-31-49		REGISTRAR'S SIGNATURE Cecil Hendricks		411		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS May J. Fossett Mt Vernon, Mo			

District Health Officer No. 4
District File Number 449-381
Box File 24-6-49

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 Max L. Fossett

Licensed Embalmer No. 4252

P. O. Address Mt. Vernon, 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 this body is not embalmed, fact should be so stated above.