

FILED MAY 19 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15793  
Registrar's No. 1855

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

**I. PLACE OF DEATH**  
a. COUNTY JACKSON  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY  
c. LENGTH OF STAY (in this place) 3 YRS  
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOSEPH HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).  
a. STATE MISSISSIPPI b. COUNTY JACKSON  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY  
d. STREET ADDRESS (If rural, give location) 3300 VIRGINIA AVE

**3. NAME OF DECEASED**  
a. (First) LILLIE b. (Middle) W c. (Last) CHAB  
4. DATE OF DEATH (Month) (Day) (Year) APRIL 28, 1949

**5. SEX** FEMALE **6. COLOR OR RACE** WHITE **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)** MARRIED **8. DATE OF BIRTH** FEB. 3, 1908 **9. AGE** (In years last birthday) 41 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) HOUSEWIFE **10b. KIND OF BUSINESS OR INDUSTRY** \_\_\_\_\_ **11. BIRTHPLACE** (State or foreign country) RED CLOUD, NEB. **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

**13a. FATHER'S NAME** FRED WALLIN **13b. MOTHER'S MAIDEN NAME** PEARL METCALF **14. NAME OF HUSBAND OR WIFE** VICTOR CHAB

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service) No **16. SOCIAL SECURITY** 219-14 1238 **17. INFORMANT'S SIGNATURE OR NAME** VICTOR CHAB **ADDRESS** 3300 VIRGINIA

**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.  
**I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\*** (a) Cerebral Cerebellum Multiple  
**ANTECEDENT CAUSES**  
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  
DUE TO (b) Rheumatic Endocarditis  
DUE TO (c) Rheumatic Heart Disease  
**II. OTHER SIGNIFICANT CONDITIONS**  
Conditions contributing to the death but not related to the disease or condition causing death. Embolism to Brain, Acute

**19a. DATE OF OPERATION** \_\_\_\_\_ **19b. MAJOR FINDINGS OF OPERATION** none **20. AUTOPSY?** YES  NO

**21a. ACCIDENT SUICIDE** (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  NOT WHILE AT WORK  **21f. HOW DID INJURY OCCUR?** 410X

**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_, \_\_\_\_\_, 19\_\_\_\_, from the causes and on the date stated above.**

**23a. SIGNATURE** Russell W. Kett (Degree or title) **23b. ADDRESS** St. Joseph Hospital **23c. DATE SIGNED** 28 Apr 49

**24a. BURIAL, CREMATION (REMOVAL) (Specify)** BURIAL **24b. DATE** APR 28 1949 **24c. NAME OF CEMETERY OR CREMATORY** \_\_\_\_\_ **24d. LOCATION** (City, town, or county) (State) WILBER, NEBRASKA

**DATE REC'D BY LOCAL REG.** 4-28-49 **REGISTRAR'S SIGNATURE** Alvaidine Holmes **25. FUNERAL DIRECTOR'S SIGNATURE** W. H. Newcomer's Sons **ADDRESS** 1331 BRUSH CREEK, KANSAS CITY, MISSOURI

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.

Signed \_\_\_\_\_

*Bernard L. Forum*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

4250

P. O. Address \_\_\_\_\_

*1101 MS*

**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.