

FILED NOV 17 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37880

State File No.

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

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 165

59

1. PLACE OF DEATH
a. COUNTY Livingston
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe
c. LENGTH OF STAY (in this place) (township) 24 hrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Chillicothe Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission).
a. STATE Missouri b. COUNTY Caldwell
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Brackanridge
d. STREET ADDRESS (If rural, give location) _____

3. NAME OF DECEASED
a. (First) WILLIAM b. (Middle) TEN c. (Last) CHAFFIN
(Type or Print)

4. DATE OF DEATH (Month) (Day) (Year) Oct. 24 1949

5. SEX M 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married 8. DATE OF BIRTH April 28 1881 9. AGE (In years last birthday) 68 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) Medical Doctor 10b. KIND OF BUSINESS OR INDUSTRY Medical Doctor 11. BIRTHPLACE (State or foreign country) Brackanridge, Mo. 12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME McHenry Chaffin 13b. MOTHER'S MAIDEN NAME Minerva Lena Grosper 14. NAME OF HUSBAND OR WIFE Zora Chaffin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) World War I 16. SOCIAL SECURITY NO. _____ 17. INFORMANT'S SIGNATURE OR NAME Zora Chaffin ADDRESS Brackanridge, Mo.

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 Hemorrhage
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Nephritis Chronic
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH
36 hr.
10 yrs
10 yrs
231X

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION _____ 20. *AUTOPSY? YES NO

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 NOT WHILE AT WORK 21f. HOW DID INJURY OCCUR? _____

22. I hereby certify that I attended the deceased from Jan 1, 1917, to Oct. 24, 1949, that I last saw the deceased alive on Oct. 24, 1949, and that death occurred at 11:30 m., from the causes and on the date stated above.

23a. SIGNATURE Joseph P. Cournot M.D. (Degree or title) 23b. ADDRESS Chillicothe, Mo. 23c. DATE SIGNED Nov-1-49

24a. BURIAL, CREMATION, REMOVAL (Specify) burial 24b. DATE Oct. 27 1949 24c. NAME OF CEMETERY OR CREMATORY Rosa Hill 24d. LOCATION (City, town, or county) (State) Brackanridge, Mo.

DATE REC'D BY LOCAL REG. Nov-10-49 REGISTRAR'S SIGNATURE Frances B. Neill 25. FEDERAL DIRECTOR'S SIGNATURE ADDRESS Gene C. Michael, Brainerd, Mo.

NOV 17 1949

MAR 11 1957



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 Gene C. Michael

~~Signed _____~~
~~Student Embalmer~~

Licensed Embalmer No. 4340

P. O. Address: Braymer, 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.