

FILED APR 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **14105**

530  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4419 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte 1830</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dearborn Mrs. Green</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dearborn Mrs.</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Larence Rest Home</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u>		b. (Middle) <u>C.</u>	
c. (Last) <u>Chase</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>3-19-50</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Mar. 9, 1866</u>
9. AGE (In years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Larorer</u>	11. BIRTHPLACE (State or foreign country) <u>Leavenworth, Kans.</u>
12. CITIZEN OF WHAT COUNTRY?		13. MOTHER'S MAIDEN NAME <u>Ellen</u>	
13a. FATHER'S NAME <u>Arron Chase</u>		14. NAME OF HUSBAND OR WIFE <u>XX</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Elbert Harris</u>		ADDRESS <u>Weston, Mo.</u>	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocarditis</u> ANTECEDENT CAUSES <u>Lobar Pneumonia</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
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>June</u> , 19 <u>60</u> , to <u>March</u> , 19 <u>60</u> , that I last saw the deceased alive on <u>Mar 3</u> , 19 <u>60</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>Miss Home</u> (Degree or title)		23b. ADDRESS <u>Dearborn Mo</u>	
23c. DATE SIGNED <u>3-20-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>3-21-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Graceland</u>	
24d. LOCATION (City, town, or county) (State) <u>Weston, Mo.</u>		DATE REC'D BY LOCAL REG. <u>3-21-50</u>	
REGISTRAR'S SIGNATURE <u>Alpha Racine</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wagon Funeral Home Weston Mo.</u>	
ADDRESS		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED APR 18

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 4-28-50

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

*W. R. Vaughn*

Licensed Embalmer No.

*4023*

P. O. Address

*Wester, 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.