

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 24301

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 290 PRIMARY REG. DIST. NO. 4416 Registrar's No. 69

1. PLACE OF DEATH a. COUNTY <b>PLATTE</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>PLATTE</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PLATTE CITY</b>		c. LENGTH OF STAY (in this place) <b>6 YRS.</b>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>PLATTE CITY</b>		d. STREET ADDRESS (If rural, give location) <b>0830</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		d. STREET ADDRESS (If rural, give location) <b>0</b>	
3. NAME OF DECEASED a. (First) <b>CHARLES</b> b. (Middle) <b>B.</b> c. (Last) <b>CHINN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 30, 1950</b>
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED 1</b>	8. DATE OF BIRTH <b>APRIL 14, 1871</b>
9. AGE (In years last birthday) <b>79</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER (RETIRED)</b>	11. BIRTHPLACE (State or foreign country) <b>MISSOURI</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER (RETIRED)</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>OWN FARM</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA.</b>
13a. FATHER'S NAME <b>THOMAS CHINN</b>		13b. MOTHER'S MAIDEN NAME <b>UNKNOWN PULLIAM</b>	14. NAME OF HUSBAND OR WIFE <b>MARY McCLARY</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>H. L. CHINN</b> ADDRESS <b>PLATTE CITY, MO.</b>
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myo Cardial insufficiency</b> ANTECEDENT CAUSES <b>Cardiac decompensation</b> Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. <b>hypertensive arterio sclerosis</b> 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. <b>heart disease &amp; generalized arterio sclerosis</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>arterio sclerosis</b>	
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) _____		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 <b>March, 1947</b> , to <b>July, 1950</b> , that I last saw the deceased alive on <b>July 29, 1950</b> , and that death occurred at <b>5:30 p.m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE <b>H. L. Chinn M.D.</b> (Degree or title)		23b. ADDRESS <b>Platte City, Mo.</b>	
23c. DATE SIGNED <b>7/31/50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>7-31-50</b>	
24c. NAME OF CEMETERY OR CREMATORY <b>I.O.D.F. CEM.</b>		24d. LOCATION (City, town, or county) (State) <b>SMITHVILLE, MO.</b>	
DATE REC'D BY LOCAL REG. <b>7-31-50</b>		REGISTRAR'S SIGNATURE <b>Aphie Rollins</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>Rollins + Mitchell</b>		ADDRESS <b>Platte City, Mo.</b>	

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

MS OCT 26 1961

OCT 26 1961



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 Roland M. Giffey

Licensed Embalmer No. 4725

P. O. Address Rolla City, 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.