

FILED AUG 24 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27843

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 291 PRIMARY REG. DIST. NO. 5996 Registrar's No. 43

|  |  |  |  |
|--|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>PUTNAM</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>PUTNAM</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>"RURAL" UNION TOWNSHIP</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>POWERSVILLE</u>  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION  |  | d. STREET ADDRESS (If rural, give location) <u>0</u>   |  |

|                                     |                         |                      |                        |  |
|-------------------------------------|-------------------------|----------------------|------------------------|--|
| 3. NAME OF DECEASED (Type or Print) | a. (First) <u>ELMER</u> | b. (Middle) <u>G</u> | c. (Last) <u>CHINN</u> | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>DEATH AUGUST 9, 1950</u> |
|-------------------------------------|-------------------------|----------------------|------------------------|--|

|                    |                               |   |   |   |   |   |
|--------------------|-------------------------------|---|---|---|---|---|
| 5. SEX <u>MALE</u> | 6. COLOR OR RACE <u>WHITE</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u> | 8. DATE OF BIRTH <u>AUGUST 11, 1887</u> | 9. AGE (In years last birthday) <u>62</u> | IF UNDER 1 YEAR Months <u>II</u> Days <u>28</u> | IF UNDER 24 HRS. Hours <u></u> Min. <u></u> |
|--------------------|-------------------------------|---|---|---|---|---|

|  |   |   |  |
|--|---|---|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARM OWNER "RET."</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>OWN FARM</u> | 11. BIRTHPLACE (State or foreign country) <u>PUTNAM COUNTY MISSOURI</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
|--|---|---|--|

|  |   |   |
|--|---|---|
| 13a. FATHER'S NAME <u>EUGENE B CHINN</u> | 13b. MOTHER'S MAIDEN NAME <u>REBECCA CALLISON</u> | 14. NAME OF HUSBAND OR WIFE <u>MRS. <del>XXXX</del> LAURA CHINN</u> |
|--|---|---|

|   |                                   |   |
|---|-----------------------------------|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | 16. SOCIAL SECURITY NO. <u>NO</u> | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. LAURA CHINN, POWERSVILLE MISSOURI</u> |
|---|-----------------------------------|---|

|   |   |   |                                  |
|---|---|---|----------------------------------|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)<br><br><i>*This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.</i> | MEDICAL CERTIFICATION   |   | INTERVAL BETWEEN ONSET AND DEATH |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____<br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |   |                                  |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death.   |   | <u>Coronary Thrombosis 4501</u><br><u>Had heart attack while driving his car on Hwy Highway, about 3 miles west of Unionville Mo.</u> |                                  |

|                        |                                  |  |
|------------------------|----------------------------------|--|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 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) (Min.) | 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 \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 10:00A m., from the causes and on the date stated above.

|   |                                   |                                 |
|---|-----------------------------------|---------------------------------|
| 23a. SIGNATURE <u>Chas Fowler, M.D.</u> (Degree or title) | 23b. ADDRESS <u>Unionville Mo</u> | 23c. DATE SIGNED <u>8/10/50</u> |
|---|-----------------------------------|---------------------------------|

|   |                                  |  |   |
|---|----------------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u> | 24b. DATE <u>AUGUST 11, 1950</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>POWERSVILLE CEMETERY</u> | 24d. LOCATION (City, town, or county) (State) <u>POWERSVILLE MISSOURI</u> |
|---|----------------------------------|--|---|

|   |   |   |
|---|---|---|
| DATE REC'D BY LOCAL REG. <u>8-15-50</u> | REGISTRAR'S SIGNATURE <u>Marvill Durbin</u> | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>COM'S SHOP, PORTAL HOME, UNIONVILLE MO. BY John N. Comstock</u> |
|---|---|---|

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

860  
33

AUG 7 1952

AUG 25 1952

Date Received: AUG 23 1950  
DISTRICT HEALTH OFFICE #2  
District File Number 8-80-1380  
Date Filed: AUG 23 1950

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 Richard P. Casady

Licensed Embalmer No. 46178

P. O. Address Unionville, 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.