

FILED FEB 10 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1057

State File No. 343

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 343

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Grain Valley</u>	
c. LENGTH OF STAY (in this place) <u>1 week</u>		d. STREET ADDRESS (If rural, give location) <u>0482</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Wade</u> b. (Middle) <u>Chiddix</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan-24-1951</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 22-1884</u>
9. AGE (in years last birthday) <u>66</u>		9. AGE (in years last birthday) if UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Jackson Co. S.W. Dept - Maintainer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>Jackson Co. Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Samuel Chiddix</u>		13b. MOTHER'S MAIDEN NAME <u>Rebecca Little</u>	
14. NAME OF HUSBAND OR WIFE <u>Ethel Chiddix</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>496-09-3717</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ethel Chiddix Grain Valley Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Prostatectomy suprapubic</u>			
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 <u>Hypertroph. Prostate Gland</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>1-17</u> , 19 <u>51</u> , to <u>1-24</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>1-24</u> , 19 <u>51</u> , and that death occurred at _____ m., from the causes and on the date stated above.	
23a. SIGNATURE <u>R. Lee Hoffman</u> (Degree or title) _____		23b. ADDRESS <u>1019 Pop. Bldg. KC-6 Mo</u>	
23c. DATE SIGNED <u>1/25/51</u>		24a. BURIAL CREMATION (REMOVED) <u>buried</u>	
24b. DATE <u>1-26-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Warrington Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Grain Valley Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Webb Funeral Home Blue Springs Mo</u>	
DATE REC'D BY LOCAL REG. <u>1-25-51</u>		REGISTRAR'S SIGNATURE <u>Sheralding Holmes</u>	

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

R. Blunt

Signed.....

Student Embalmer

Licensed Embalmer No. *2313*

P. O. Address *Blue Springs 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.