

FILED JUL 5- 1951

STANDARD CERTIFICATE OF DEATH

20512

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 295

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Joplin</u>	
c. LENGTH OF STAY (in this place) <u>25 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>1401 Hill</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1401 Hill</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Willington</u> b. (Middle) <u>Ralph</u> c. (Last) <u>Chase</u>			4. DATE OF DEATH (Month) <u>June</u> (Day) <u>21</u> (Year) <u>1951</u>		
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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>Feb 8 1879</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>0</u>	IF UNDER 12 HRS. Hours <u>0</u>	IF UNDER 15 MIN. Mins. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>building</u>	11. BIRTHPLACE (State or foreign country) <u>Sherman County, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Ervin Chase</u>	13b. MOTHER'S MAIDEN NAME <u>Rose Skinner</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie Chase</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>	16. SOCIAL SECURITY NO. <u> </u>	17. INFORMANT'S SIGNATURE OR NAME <u>Bessie Chase</u>	ADDRESS <u>1401 Hill</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, 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) <u>Cancer, at the base of the tongue</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Metastasis to upper cervical region.</u> DUE TO (c) <u> </u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>141X</u>			

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>Diagnosis-Ellis Fischel State Cancer Hospital</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u> </u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u> </u>

22. I hereby certify that I attended the deceased from March 26, 51 to June 11, 1951, that I last saw the deceased alive on June 11, 1951, and that death occurred at 12:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. Pinkston D. O.</u>	23b. ADDRESS <u>Carl Junction, Missouri</u>	23c. DATE SIGNED <u>June 22</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-23-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hornet Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hornet, Mo.</u>
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DATE RECD BY LOCAL REG. <u>6-26-51</u>	REGISTRAR'S SIGNATURE <u>Ed S. Jenkins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Steve Parker Mortuary</u>	ADDRESS <u>Joplin, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

195
1

RECEIVED 7-2-51

Jasper County Health Office

County File Number 51/6/527

Date Filed 7-3-51

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.....
Student Embalmer

Signed

F. M. Jones

Licensed Embalmer No. 2319

P. O. Address *Joplin 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.