

FILED AUG 11 1951

THE HEALTH DEPARTMENT
STANDARD CERTIFICATE OF DEATH

State File No. 22980
Registrar's No. 2654

| | | | | | | | |
|---|----------------------------------|--|---|---|--|---|---------------------------------------|
| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | Registrar's No. <u>2654</u> | |
| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | c. LENGTH OF STAY (In this place) <u>5 Days</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty</u> | | + <u>0241</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Research</u> | | | | d. STREET ADDRESS (If rural, give location) <u>623 W. Kansas St.</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Maude</u> | | b. (Middle) <u>M.</u> | | c. (Last) <u>Chattin</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>June 19-51</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> | 8. DATE OF BIRTH <u>Dec. 24-1878</u> | | 9. AGE (In years last birthday) <u>72</u> | IF UNDER 1 YEAR Months <u>5</u> Days <u>25</u> | IF UNDER 10 HRS. Hours <u>Min.</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u> | | 11. BIRTHPLACE (State or foreign country) <u>IOWA Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>US.</u> | |
| 13a. FATHER'S NAME <u>Frank Graves</u> | | 13b. MOTHER'S MAIDEN NAME <u>Racheal A. Ault</u> | | 14. NAME OF HUSBAND OR WIFE <u>Charles V. Chattin</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>No</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Frank Chattin Liberty, 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Pericarditis</u> | | | | INTERVAL BETWEEN ONSET AND DEATH <u>100</u> | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Uremia (n.m.o.)</u> | | | | <u>105</u> | |
| | | DUE TO (c) _____ | | | | <u>4010</u> | |
| | | 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 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) (m.) | | 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>May 19 1951</u> , to <u>June 19 1951</u> , that I last saw the deceased alive on <u>June 19 1951</u> , and that death occurred at <u>12:32 P.</u> m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>Glenn W. Hendren</u> (Degree or title) <u>MD MD</u> | | | | 23b. ADDRESS <u>Liberty, Mo</u> | | 23c. DATE SIGNED <u>6/20/51</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) | | 24b. DATE <u>June 19-51</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Glenwood IOOF.</u> | | 24d. LOCATION (City, town, or county) (State) <u>Glenwood, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>6-22-51</u> | | REGISTRAR'S SIGNATURE <u>Staldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Pruner-Archer Co. Liberty, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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.....

John S. ...

Signed.....
Student Embalmer

Licensed Embalmer No. 4448

P. O. Address Liberty 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.