

No. 300  
10.48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27296

State File No. \_\_\_\_\_

FILED AUG 24 1951

Registrar's No. 288

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u> <u>0485</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>INDEPENDENCE</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>INDEPENDENCE</u> <u>0485</u>	
c. LENGTH OF STAY (in this place) <u>30 YRS.</u>		d. STREET ADDRESS (If rural, give location) <u>511 EAST KANSAS</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>511 EAST KANSAS</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MARY</u> b. (Middle) <u>ENAUKA</u> c. (Last) <u>CHATTERSON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>AUG-30-1951</u>		
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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>MAY 30-1862</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	IF UNDER 24 HRS. Hours <u>-</u> Min. <u>-</u>
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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 _____	11. BIRTHPLACE (State or foreign country) <u>LEAVENSWORTH, KANSAS</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wm HILL</u>	13b. MOTHER'S MAIDEN NAME <u>ELIZABETH THOMPSON</u>	14. NAME OF HUSBAND OR WIFE <u>CHARLES CHATTERSON</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. J. E. TERRY</u> ADDRESS <u>511 E. KANSAS, I.N.D.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Terminal Bronchial Pneumonia</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute Cardiac Failure</u>		<u>2 days</u>
	DUE TO (c) <u>Carcinomatosis primary lesion left breast.</u>		<u>2 years</u>
II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death. <u>lesion left breast.</u>			

19a. DATE OF OPERATION <u>1-2-51</u>	19b. MAJOR FINDINGS OF OPERATION <u>Recurrent carcinoma, left breast</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>170X</u>
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 12-28, 1950, to 8-3-, 1951, that I last saw the deceased alive on 8-3-, 1951, and that death occurred at 6:55 pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thos. C. McHale M.D.</u>	23b. ADDRESS <u>4620 Independence Mo</u>	23c. DATE SIGNED <u>8-4-51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Aug-6-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WOOD LAWN</u>	24d. LOCATION (City, town, or county) (State) <u>INDEPENDENCE MO.</u>
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DATE REC'D BY LOCAL REG. <u>8-5-51</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>354</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>C.H. BLACKMAN &amp; SON INC.</u> ADDRESS <u>K.C. MO.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

AUG 22 REC'D

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

*W. C. Rinne*

Student Embalmer No.

*409*

working under my personal supervision.

Student

*W. C. Rinne*

Student Embalmer

Signed

*James E. Hackema*

Licensed Embalmer No.

*4533*

P. O. Address

*Kansas 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.