

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **4316**
751

BIRTH NO. _____ REG. DIST. NO. **393** PRIMARY REG. DIST. NO. **1002** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY CLAY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City North 4th		c. CITY (If outside corporate limits, write RURAL and give township) MARTIN City Mo	
c. LENGTH OF STAY (If this place) 4 years		d. STREET ADDRESS (If rural, give location) 122 W. Holmes St	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4400 Crestview Addition			

3. NAME OF DECEASED a. (First) MARTIN		b. (Middle) Leo		c. (Last) Chaisson		4. DATE OF DEATH (Month) (Day) (Year) Feb 16 1952	
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH July 30-1913	9. AGE (In years last birthday) 38	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Forester		10b. KIND OF BUSINESS OR INDUSTRY City of KC. Mo		11. BIRTHPLACE (State or foreign country) Newfoundland &		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME John Chaisson		13b. MOTHER'S MAIDEN NAME Sophie Doucette		14. NAME OF HUSBAND OR WIFE Dorothy Chaisson	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 706-03-1137		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS Dorothy Chaisson Martin City Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.						42-1	

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)		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 _____ m., from the causes and on the date stated above.

23a. SIGNATURE O. S. Pate MD		23b. ADDRESS North Kansas City, Mo		23c. DATE SIGNED 2/18/52	
--	--	--	--	------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE FEB. 18-1952		24c. NAME OF CEMETERY OR CREMATORY —		24d. LOCATION (City, town, or county) (State) NEW HAVEN, CONNECTICUT	
---	--	----------------------------------	--	--	--	--	--

DATE REC'D BY LOCAL REG. 2-18-52		REGISTRAR'S SIGNATURE Sheraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE W. H. Newsome's Sons		ADDRESS 1331. SOUTH CREEK KANSAS CITY MO.	
--	--	---	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

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

02483

FILED MAR 8 1952

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 W. Morton III
4856
McKellar

Signed.....
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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.