

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4899

State File No. 701

FILED MAR 8 1952

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

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (In this place) App 4 Yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	38
d. FULL NAME OF HOSPITAL OR INSTITUTION 719 INDEP AVE		d. STREET ADDRESS (If rural, give location) 719 INDEP AVE 310	

3. NAME OF DECEASED (Type or Print) a. (First) ALICE	b. (Middle) CHASTAIN	c. (Last) CHASTAIN	4. DATE OF DEATH (Month) (Day) (Year) 2 4 52		
--	----------------------	--------------------	--	--	--

5. SEX F W	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH	9. AGE (In years last birthday) 71	If UNDER 1 YEAR Months Days	If UNDER 24 HRS. Hours Min.
------------	--------------------	--	------------------	------------------------------------	-----------------------------	-----------------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) 9	12. CITIZEN OF WHAT COUNTRY?
---	-----------------------------------	---	------------------------------

13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME	14. NAME OF HUSBAND OR WIFE	
----------------------------	---------------------------	-----------------------------	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME JOHN WITAPHEK	ADDRESS DENVER COLO
--	------------------------------	---	---------------------

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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Strangulation		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Fractured Cracked		E983
	DUE TO (c) Fractured Jaw Dislocation		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fractured Jaw Dislocation		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION m Relative to Leg Part Permitted	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Homicide	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) at home	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) Kansas City Jackson, Mo.
---	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Feb. 4, 1952	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Strangulation Choking
--	---	--

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 Hugh H. Owens (Degree or title)	23b. ADDRESS 1034 Pinalto Bldg.	23c. DATE SIGNED 2-5-52
--	---------------------------------	-------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) REM	24b. DATE 4 2-15-52	24c. NAME OF CEMETERY OR CREMATORY ST MARY'S CEM	24d. LOCATION (City, town, or county) (State) SPRINGFIELD MO.
---	---------------------	--	---

DATE REC'D BY LOCAL REG. 2-14-52	REGISTRAR'S SIGNATURE Geraldine Holmes	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SEBRETTO'S CITY
----------------------------------	--	--

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed

John R. Sidman

Licensed Embalmer No.

4531

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.