

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

BIRTH NO. _____ REG. DIST. NO. 73 PRIMARY REG. DIST. NO. 3014 Registrar's No. 520

1. PLACE OF DEATH a. COUNTY <u>Clay</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>Liberty</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Liberty,</u> <u>0291</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>416 E. Mill</u>		d. STREET ADDRESS (If rural, give location) <u>416 E. Mill</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Chris</u>	b. (Middle) <u>C.</u>	c. (Last) <u>Iahn</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 27-52</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>Widowed</u> <input checked="" type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 19-1884</u>	9. AGE (In years last birthday) <u>68</u> <input type="checkbox"/> <u>4</u> <input type="checkbox"/> <u>8</u> <input type="checkbox"/>	IF UNDER 1 YEAR <u>8</u> <input type="checkbox"/>	IF UNDER 24 HRS. <u>8</u> <input type="checkbox"/>	IF UNDER 1 MIN. <u>8</u> <input type="checkbox"/>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Restruant Operator</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Restruant</u>	11. BIRTHPLACE (State or foreign country) <u>Bonne Terre Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>
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13a. FATHER'S NAME <u>Henty Iahn</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E. Bellew</u>	14. NAME OF HUSBAND OR WIFE <u>Emma Iahn</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>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Irene Sumpter</u> ADDRESS <u>Liberty, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Emphysema and</u> <u>Minor Bronchitis</u> DUE TO (c) <u>Minor Bronchitis</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 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from Oct 1940, to May 27, 1952, that I last saw the deceased alive on May 27, 1952, and that death occurred at 4:45 P m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Therese W. Henderson M.D.</u>	23b. ADDRESS <u>Liberty, Mo.</u>	23c. DATE SIGNED <u>5/28/52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 29-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Fairview</u>	24d. LOCATION (City, town, or county) (State) <u>Liberty, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>MAY 29-1952</u>	REGISTRAR'S SIGNATURE <u>Minnie Haynes 64</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Search-Orchard Co. Liberty, Mo.</u> ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

5241

MIN 27 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student

Student Embalmer

Signed

John Lombard

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.