

FILED SEP 10 1952

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **30521**

BIRTH NO. _____		REG. DIST. NO. <b>347</b>		PRIMARY REG. DIST. NO. <b>6162</b>		Registrar's No. <b>41</b>		
1. PLACE OF DEATH a. COUNTY <b>Stone 1040</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Ill</b> b. COUNTY <b>Cook</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Reeds Springs</b>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Chicago</b>		8/20		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home Reeds Springs</b>				d. STREET ADDRESS (If rural, give location) <b>11931 Wallace St</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>John</b> b. (Middle) <b>KACHIGIAN</b> c. (Last) <b>KACHIGIAN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Aug 2, 1952</b>					
5. SEX <b>male</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>April 19, 1899</b>		
9. AGE (in years last birthday) <b>53</b>		MONTHS <b>3</b>		DAYS <b>13</b>		IF UNDER 18 Hrs. Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Photo Engineer</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Engineering</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Armenia 8?</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Sarkis Kachigian</b>			13b. MOTHER'S MAIDEN NAME <b>Zernvost Chadonian</b>		14. NAME OF HUSBAND OR WIFE <b>Anna Kachigian</b>			
15. WAS DECEASED EVER IN U.S. ARMY OR FORCES? (Yes, no, or unknown) <b>no</b>			16. SOCIAL SECURITY NO. <b>340-01-7875</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Anna Kachigian</b> ADDRESS <b>Reeds Springs, Mo</b>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>								
MEDICAL CERTIFICATION								
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cerebral Thromb</b>				INTERVAL BETWEEN ONSET AND DEATH				
ANTECEDENT CAUSES *Forbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Not Known</b> DUE TO (c) <b>✓</b>								
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>✓</b>								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>4345</b>				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 <b>19</b> , to <b>19</b> , that I last saw the deceased alive on <b>8-1-52</b> , and that death occurred at <b>5:4</b> m., from the causes and on the date stated above.								
23a. SIGNATURE <b>N. P. Leathwell M.D.</b> (Degree or title)				23b. ADDRESS <b>Reeds Springs Mo</b>		23c. DATE SIGNED <b>8-6-52</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>8/3/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mt Hope Cemetery</b>		24d. LOCATION (City, town or county) (State) <b>Evergreen Park Ill</b>		
DATE REC'D BY LOCAL REG. <b>Sept 6, 1952</b>		REGISTRAR'S SIGNATURE <b>Mrs J. Edmer Brosnan</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Whitcheal Funeral Home</b> ADDRESS <b>Bron</b>				

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

SEP 9 1958

OCT 25 1958

SEP 11 1958

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 Walter S. Cobb

Licensed Embalmer No. 4731

P. O. Address Chicago, 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.