

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

9062

State File No.

FILED MAR 25 1954

BIRTH NO. REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY Jackson		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) OR TOWN Rural Prairie Township		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Greenwood	
c. LENGTH OF STAY (in this place) 2 wks.		d. STREET ADDRESS (If rural, give location) None	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) Phoebe	b. (Middle)	c. (Last) Chipley	4. DATE OF DEATH (Month) (Day) (Year) March 16, 1954
---	-------------	--------------------------	--

5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single	8. DATE OF BIRTH Feb. 2, 1864	9. AGE (In years last birthday) 90	IF UNDER 1 YEAR Months 1	IF UNDER 12 HRS. Hours 	Min.
----------------------	-------------------------------	--	--------------------------------------	---	------------------------------------	-----------------------------------	--------------

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

13a. FATHER'S NAME Moses Chipley	13b. MOTHER'S MARRIEN NAME Carrie Croisher	14. NAME OF HUSBAND OR WIFE
---	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war and date of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Margaret Tatten	ADDRESS Greenwood Mo
--	-------------------------------------	--	-----------------------------

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Vascular Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 14 days
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) After Seizure		
	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"/>
------------------------	----------------------------------	---

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) 332 X
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 Mar. 2, 1954, to Mar. 16, 1954, that I last saw the deceased alive on Mar. 16, 1954, and that death occurred at 8:00 PM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. W. Johnson, M.D.	23b. ADDRESS Johnson County	23c. DATE SIGNED 3/17/1954
---	------------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Rural	24b. DATE 3/19/54	24c. NAME OF CEMETERY OR CREMATORY Greenwood	24d. LOCATION (City, town, or county) (State) Greenwood Mo
--	--------------------------	---	---

DATE REC'D BY LOCAL REG. 3/18/54	REGISTRAR'S SIGNATURE N. B. Langford	483	FUNERAL DIRECTOR'S SIGNATURE N. B. Langford	ADDRESS Lis Summit Mo
---	---	-----	--	------------------------------

(Licensed Embalmer's Statement on Reverse Side)

No. 300
10-48
WRITE PLAINLY—USING UNFADEING BLACK INK—MAKE A PERMANENT RECORD

1944

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 _____

W B Longford

Licensed Embalmer No. _____

3823

P. O. Address _____

Lees Summit

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.