

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **40846**  
**5863**

FILED JAN 12 1955

BIRTH NO.		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <b>5863</b>			
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <b>Kansas City</b>			c. LENGTH OF STAY (in this place) <b>40 yrs</b>		c. CITY OR TOWN <b>Kansas City</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Summit House, 750 W. 4 7th St.</b>				STREET ADDRESS (If rural, give location) <b>750 W. 47th St.</b>					
3. NAME OF DECEASED (Type or Print) <b>GEORGE</b>		a. (First) <b>Asa</b>		b. (Middle) <b>Asa</b>		c. (Last) <b>CHANDLER</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 21, 1954</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>		8. DATE OF BIRTH <b>Feb. 13, 1898</b>		9. AGE (in years last birthday) <b>56</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Mins	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Florist - Chandler's</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Floral Shop</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Kansas City, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13a. FATHER'S NAME <b>C. A. Chandler</b>			13b. MOTHER'S MAIDEN NAME <b>Winnie Raning</b>			14. NAME OF HUSBAND OR WIFE <b>Margaret Meriwether Chandler</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>486-01-2786</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Edwin Chandler, 6029 Walnut, KC Mo.</b>				ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial failure</b>  ANTECEDENT CAUSES DUE TO (b) <b>Auricular Fibrillation</b> DUE TO (c) <b>Mitral Insufficiency</b>  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH  <b>410X</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) (m.)		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 <u>Aug 28</u> , 19 <u>49</u> , to <u>Dec 21</u> , 19 <u>54</u> , that I last saw the deceased on <u>12/20</u> , 19 <u>54</u> , and that death occurred at <u>7 am</u> , from the causes and on the date stated above.									
23a. SIGNATURE <b>Ralph Emerson Duncan</b>				(Degree or title)		23b. ADDRESS <b>529 Highland Ave</b>		23c. DATE SIGNED <b>12/21/54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-24-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Moriah</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>				
DATE REC'D BY LOCAL REG. <b>12-23-54</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STINE &amp; McCLURE, Kansas City, Mo.</b>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
Ralph Emerson Duncan M.D.

Burger

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.....  
Signature of Student Embalmer

Signed Gerald A. Burger.....

Licensed Embalmer No. 476

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.