

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **4681**  
**535**

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
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>Osteopathic Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>810 Truman Road</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>William</b>		b. (Middle) <b>L.</b>		c. (Last) <b>Chadwick</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb 5 1955</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 25, 1906</b>		9. AGE (In years last birthday) <b>48</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 12 HRS. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Carpet Layer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Lawless &amp; Johnson</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Harrisville, Ark.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Charles Chadwick</b>		13b. MOTHER'S MAIDEN NAME <b>Rose Miller</b>		14. NAME OF HUSBAND OR WIFE <b>Edna Chadwick</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes W. W. #2</b>		16. SOCIAL SECURITY # <b>486-03-5905</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Edna Chadwick 810 Truman Rd. K.C.</b>			
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) <b>Bronchopneumonia + bilateral hydrothorax</b> ANTECEDENT CAUSES DUE TO (b) <del>Pulmonary tuberculosis</del> DUE TO (c) <b>multiple pulmonary abscesses of unknown origin</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Hepatosellular jaundice</b>					INTERVAL BETWEEN ONSET AND DEATH <b>4 days</b>  <b>unknown.</b>  <b>3-4 days</b>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>521X</b>						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)		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>Jan 24, 1955</b> , to <b>Feb 5, 1955</b> , that I last saw the deceased alive on <b>Feb 5, 1955</b> , and that death occurred at <b>10:04 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Verner J. James</b> (Name or title)				23b. ADDRESS <b>926 E. 11th St.</b>		23c. DATE SIGNED <b>2-6-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>2/8/55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mound Grove Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Independence, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>2-6-55</b>		REGISTRAR'S SIGNATURE <b>Neva Minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Earp &amp; Sons 4139 Truman Rd. K.C., Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

520 76 233

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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..... *James W. Eays*

Licensed Embalmer No. *462*

P. O. Address *J.C. Eays*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.