

FILED NOV 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37313**

BIRTH NO. _____		REG. DIST. NO. <u>164</u>		PRIMARY REG. DIST. NO. <u>5597</u>		Registrar's No. <u>120</u>	
1. PLACE OF DEATH a. COUNTY <u>Johnson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural, Centerview, T.S.</u>		c. LENGTH OF STAY (in this place) <u>Transit</u>		c. CITY OR TOWN <u>Grain Valley,</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>U.S. Highway #50, 8 miles West.</u>				e. STREET ADDRESS (If rural, give location) <u>Grain Valley, Mo.</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>CHARLES</u>	b. (Middle) <u>HARVEY</u>		c. (Last) <u>CHIDDEX</u>		Month <u>November</u>	Day <u>12th.</u>	Year <u>1955</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>Nov. 15, 1917</u>		9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months _____	IF UNDER 4 HRS. Days _____ Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Construction Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Teamster,</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Grain Valley, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Thomas Chiddix,</u>		13b. MOTHER'S MAIDEN NAME <u>Katheryn Conway</u>		14. NAME OF HUSBAND OR WIFE <u>Single</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>490-09-2576</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mr. David Chiddix, Odessa, Missouri</u>			
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) <u>Coronary Emboli</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u> <u>4201</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>
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 _____, 19____, to <u>II-12-</u> , 19 <u>55</u> , that I last saw the deceased <u>alive on II-12-</u> , 19 <u>55</u> , and that death occurred at <u>5:00</u> A m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Kelly Rawlin's Coroner, M.D.</u>				23b. ADDRESS <u>Holden, Missouri</u>		23c. DATE SIGNED <u>II-12-1955</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>II-14-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Buckner Cemetery,</u>		24d. LOCATION (City, town, or county) (State) <u>Buckner, Missouri</u>		
DATE REC'D BY LOCAL REG. <u>Nov 14, 1955</u>		REGISTRAR'S SIGNATURE <u>Savannah Critefield</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>R.A. Brauninger,</u>		ADDRESS <u>Warrensburg, Missouri</u>	

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

0510

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RECEIVED
NOV 21 1955
JOHNSON COUNTY I. B. LEWIS

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 *W. B. Bauniger*

Licensed Embalmer No. 3327

P. O. Address *W. Bauniger*

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.