

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JAN 25 1956

1294

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>50 yrs.</u>		e. STREET ADDRESS (If rural, give location) <u>6117 Walnut</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6117 Walnut</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JESSIE</u>	b. (Middle) <u>BISHOP</u>	c. (Last) <u>CHAIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 2, 1956</u>
---	---------------------------	------------------------	--

5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, NEVER MARRIED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>1877</u> <u>Oct. 24, 1878</u>	9. AGE (In years last birthday) <u>78</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Treasurer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Dewitt, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
----------------------	-------------------------------	--	--	---	---	---	--

13a. FATHER'S NAME <u>Newton Chain</u>	13b. MOTHER'S MAIDEN NAME <u>Rose Bishop</u>	14. NAME OF HUSBAND OR WIFE <u>----</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>486-01-2813</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Fred Herver, 426 W. 5th, K. C. Mo.</u>	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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Ca Colon with metastases to Liver</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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)
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?

I hereby certify that I attended the deceased from Jan 2, 1956, to Jan 2, 1956, that I last saw the deceased alive on Jan 2, 1956, and that death occurred at 12:40 P.M., from the causes and on the date stated above.

22a. SIGNATURE <u>A. W. Robinson</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>4635 Independence</u>	23c. DATE SIGNED <u>Jan 3 56</u>
---	----------------------------------	--	-------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>1/4/56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope</u>	24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>
---	----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>1-4-56</u>	REGISTRAR'S SIGNATURE <u>Newa Marshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & McCLURE UND. CO.</u>	ADDRESS <u>K.C.MO.</u>
---	---	---	---------------------------

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

Mr. A. W. Robinson
4635 Wyan do etc
Jul-0552

after 2 PM

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 *J. T. Crowell*.....

Licensed Embalmer No. *482*

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