

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

State File No. **20317**

FILED JUN 25 1956

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>5519</u>		Registrar's No. <u>202</u>	
1. PLACE OF DEATH a. COUNTY <u>Henry</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, give RURAL and give township) <u>Rural White Oak Twp</u>		c. LENGTH OF STAY (In this place) <u>4</u>		c. CITY OR TOWN <u>Kansas City Mo</u>		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 <u>app. 1 mile East Zurich on Highway 1407 Denure St 1</u>				f. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>VALETTA</u>		b. (Middle) <u>JEAN</u>		c. (Last) <u>CHAFFIN</u>	
4. DATE OF DEATH		(Month) <u>June</u>		(Day) <u>18</u>		(Year) <u>1956</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never</u>		8. DATE OF BIRTH <u>Aug 31 1951</u>		9. AGE (In years last birthday) <u>4</u> <u>9</u> <u>17</u> Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>James L Chaffin</u>		13b. MOTHER'S MAIDEN NAME <u>Hannah Lee Standifer</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>No</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. L Chaffin</u>		ADDRESS <u>Kansas City Mo</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Crushed skull</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 <u>SUICIDE</u> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>11: way 35 - 1 mi E. Lind</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>042</u>			
21d. TIME OF INJURY <u>6 - 18 - 56 1030</u>		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>6-18</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>DOA</u> , 19____, and that death occurred at <u>1030 A.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>R. B. Powell (coroner)</u>				(Degree or title) <u>DO.</u>		23b. ADDRESS <u>Clinton Mo</u>	
23c. DATE SIGNED <u>6/18/56</u>							
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6-18-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City Mo</u>	
DATE REC'D BY LOCAL REG. <u>6-18-56</u>		REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>SCHABERG FUNERAL HOME</u>		ADDRESS <u>Clinton Mo</u>	

JUN 27 1954

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..... *F. L. Schaberg*

Licensed Embalmer No. *45*

P. O. Address *Clinton*

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.