

FILED MAR 1 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

5157

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5572</u>		Registrar's No. <u>22</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>JACKSON</u>		a. STATE <u>MISSOURI</u>		b. COUNTY <u>JACKSON</u>			
b. CITY OR TOWN <u>Rural Prairie</u>		c. LENGTH OF STAY (in this place) <u>14 days</u>		c. CITY OR TOWN <u>Independence</u>		- d. If residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTE <u>Jackson Co Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>1315 N. Main 20080</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH				
a. (First) <u>Thomas</u>		b. (Middle)		c. (Last) <u>Chiddix</u>		(Month) (Day) (Year) <u>Feb. 4 - 1957</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>Feb. 14 - 1881</u>	
9. AGE (In years last birthday) <u>75</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, or in if retired) <u>Co Highway Dept</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Buckner Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Samuel Chiddix</u>		13b. MOTHER'S MAIDEN NAME <u>Rachel Little</u>		14. NAME OF HUSBAND OR WIFE <u>Katherine Chiddix</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>None</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Thomas Chiddix 1315 N. Main Ind Mo</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u>					
		ANTECEDENT CAUSES					
		*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b) _____					
		DUE TO (c) <u>ARTERIO SCLEROSIS</u>					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Peripheral ARTERIO SCLEROSIS</u>					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>with gangrene</u>				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) (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>1-21</u> , 19 <u>57</u> , to <u>2-4</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>2-3</u> , 19 <u>57</u> , and that death occurred at <u>3:30A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Alvin W. Womack M.D.</u>				23b. ADDRESS <u>Jackson County Ind</u>		23c. DATE SIGNED <u>2-4-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-5-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet</u>		24d. LOCATION (City, town, or county) (State) <u>Jackson Co. Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-7-1957</u>		REGISTRAR'S SIGNATURE <u>M.B. Kenseford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Webb Funeral Home Blue Springs Mo</u>			

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

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FEB 28 1957

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 *R. Beut*.....

Licensed Embalmer No. *235*.....

P. O. Address *Blue Springs*.....

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.