

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13033

State File No. _____

FILED MAY 7 - 1957

1881

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Kansas b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. LENGTH OF STAY (in the place) 9 days		c. CITY OR TOWN Rural (Westwood)		d. Is residence within limits of city or incorporated town? <input type="checkbox"/> Yes <input type="checkbox"/> No	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital				STREET ADDRESS (If rural, give location) 4815 4841 Belinder Court			
3. NAME OF DECEASED (Type or Print) a. (First) JOSEPH		b. (Middle) STEWART		c. (Last) CHAFFIN		4. DATE OF DEATH (Month) (Day) (Year) April 19, 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 7-1-88	
9. AGE (In years last birthday) 68		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sales Manager			10b. KIND OF BUSINESS OR INDUSTRY Standard Oil Co;			11. BIRTHPLACE (City and State or Foreign Country) Aurora, Indiana	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Dr. Robert Chaffin		13b. MOTHER'S MAIDEN NAME Mary Curtis		14. NAME OF HUSBAND OR WIFE Katheryn M. Chaffin	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 487-05-9991		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Katheryn M. Chaffin, 4841 Belinder Ct.			
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) Aneurysm ANTECEDENT CAUSES DUE TO (b) Pancytopenia DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Hyperlipidemic Pancytopenia Sudden death - cerebral.				INTERVAL BETWEEN ONSET AND DEATH 7 days. 3 years 2924	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO	
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 <u>1951</u> , to <u>4/19</u> , 19 <u>57</u> , that I last saw the deceased alive on <u>4/18</u> , 19 <u>57</u> , and that death occurred at <u>1:00 A. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE G. R. Byers M.D. (Dee or title)				23b. ADDRESS 4633 Wyandotte, N.C. 12, Mo		23c. DATE SIGNED 4/19/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4/22/57		24c. NAME OF CEMETERY OR CREMATORY Allen Cemetery		24d. LOCATION (City, town, or county) (State) Gowey Mo.	
DATE REC'D BY LOCAL REG. 4-22-57		REGISTRAR'S SIGNATURE Neva Minshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Stine & McClure - Kansas City, Missouri			

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD P. L. Byers



111-8

4635
De-1-5663
11:00

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..... Eugene L. Kern

Licensed Embalmer No. 46
P. O. Address (A. T. Y)

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.