

Health,  
Welfare  
Public  
Service

FILED MAR 19 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009851

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1097

300  
-57

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 (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>423 N. Oakley</u>		Length of stay in lb. <u>36 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>423 N. Oakley</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>Marion</u> Middle <u>Alberta</u> Last <u>Chatman</u>			4. DATE OF DEATH Month <u>2</u> Day <u>27</u> Year <u>1958</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>1902</u> <u>Dec-22-1902</u>	9. AGE (In years) F UNDER 1 YEAR <u>55</u> Months <u>5</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u>55</u> Min. <u>5</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>at Home</u>	11. BIRTHPLACE (City and state or country) <u>Harrisonville, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jasper Hutchinson</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Louise Welborn</u>		14. NAME OF HUSBAND OR WIFE <u>Ben F. Chatman</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>486-26-1517</u>	17. INFORMANT Name <u>Mr. Ben F. Chatman</u> Address <u>423 N. Oakley K.C. Mo.</u>		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Unknown</u>					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Coronary infarction</u>					<u>6 yrs.</u>
DUE TO (c) <u>Hypertension - 1952</u>					<u>42-01</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>2.</u>				
20c. TIME OF INJURY Hour <u>5:40</u> Month <u>2</u> Day <u>27</u> Year <u>1958</u> a.m. <u>P.</u> p.m.					
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>Feb. 11, 1952</u> , to <u>Feb. 27, 1958</u> and last saw <u>her</u> alive on <u>Nov. 16, 1957</u> Death occurred at <u>5:40 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Glenn W. Springer, D.O.</u>		22b. ADDRESS <u>5902 St. John Ave. Kansas City, Mo.</u>		22c. DATE SIGNED <u>2-28-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<u>Removal</u>	<u>March-1-1958</u>	<u>Orient Cemetery</u>		<u>Harrisonville, Missouri</u>	
24. FUNERAL DIRECTOR <u>C.H. Blackman &amp; Son Inc.</u>		ADDRESS <u>K.C. Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>3-1-58</u>		26. REGISTRAR'S SIGNATURE <u>Irene Minshall</u>

Glenn W. Springer  
MEDICAL CERTIFICATION  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
All diseases in Part I must be causally related.



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 ..... *Bert B. Bennel*

Licensed Embalmer No. *4656*  
P. O. Address ..... *K.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.