

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005478

STATE FILE NUMBER

FILED FEB 27 1959

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 782

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSPITAL		Length of stay in lb 16 YEARS	
d. STREET ADDRESS 607 EAST 42nd. ST.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last VIRGIL KERMIT CHADER			4. DATE OF DEATH Month Day Year FEBRUARY 10, 1959
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 6-21-1906
9. AGE (In years last birthday) 52		10. UNDER 1 YEAR Months Days	11. UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done) CONSTRUCTION EXAMINER		10b. KIND OF BUSINESS OR INDUSTRY F. H. A.	11. BIRTHPLACE (City and state or country) SLATER, IOWA
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME aimel CHADER	
13b. MOTHER'S MAIDEN NAME Louisa Arutz		14. NAME OF HUSBAND OR WIFE DOROTHY WILMA CHADER	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. 479-10-0863	
17. INFORMANT VIRGIL KEITH CHADER-KANSAS CITY, MO.		Address 723 W. 46th.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) 1st brain tumor (glioblastoma)			INTERVAL BETWEEN ONSET AND DEATH 3 mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 1959			
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.)		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT WORK <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 Feb 5 -59 to Feb 10 -59 and last saw him alive on Feb 10 -59 Death occurred at 3:30 P. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE Russell Lewis (Degree or title)	22b. ADDRESS 711 Nichols Rd Kansas City Mo	22c. DATE SIGNED Feb 11 -59	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE FEB. 11, '59	23c. NAME OF CEMETERY OR CREMATOR SLATER CEMETERY	23d. LOCATION (City, town, or county) (State) SLATER, IOWA
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS-K. C., MO.	ADDRESS	25. DATE RECD. BY LOCAL REG. 2-11-59	26. REGISTRAR'S SIGNATURE Wes Marshall

Revis C. Lewis M. Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 All diseases in Part I must be causally related.
 MEDICAL CERTIFICATION



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 *Edward M. Star*
4451
Licensed Embalmer No.
P. O. Address *K. C. 10 M*

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.