

No. 300
10.48
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FILED FEB 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2236

BIRTH NO. _____		REG. DIST. NO. 291		PRIMARY REG. DIST. NO. 4433		Registrar's No. 4			
1. PLACE OF DEATH a. COUNTY Putnam				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Unionville b. COUNTY Putnam					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Unionville		c. LENGTH OF STAY (in this place) life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Unionville		d. STREET ADDRESS (If rural, give location) 3			
3. NAME OF DECEASED (Type or Print) Josias Beariman				a. (First) b. (Middle) c. (Last) Chinn		4. DATE OF DEATH (Month) (Day) (Year) Jan. 20 1949			
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 8, 1878			
9. AGE (In years last birthday) 70		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.			
13a. FATHER'S NAME Eugene Chinn		13b. MOTHER'S MAIDEN NAME Rebecca Callison		14. NAME OF HUSBAND OR WIFE Sallie Chinn					
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sallie Chinn, Unionville, Mo.					
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocarditis ANTECEDENT CAUSES Morbid 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. 472				INTERVAL BETWEEN ONSET AND DEATH 10 years	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE none		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) Unionville MO MO					
21d. TIME OF INJURY		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 Sept 20, 1946, to Jan 20, 1949, that I last saw the deceased alive on Jan 20, 1949 and that death occurred at 5:20 P.M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) L.W. McDonald Sr				23b. ADDRESS Unionville, Mo.		23c. DATE SIGNED 1-22-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 1-24-49		24c. NAME OF CEMETERY OR CREMATORY Powersville		24d. LOCATION (City, town, or county) (State) Powersville, Mo.			
DATE REC'D BY LOCAL REG. 1-29-49		REGISTRAR'S SIGNATURE Marvell Durbin		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Trustees Son Unionville					

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

JUN 2 2 1949
FEB 2 9 1949

MAR 9 1 1949

SEP 2 6 1957

JUN 1 8 1957

RECEIVED

District Health Officer No. 10

District File Number 2-48-20

Date Filed FEB. 2 1949

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
Student Embalmer

Signed W. O. Husted

Licensed Embalmer No. 2975

P. O. Address Unionville

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 this body is not embalmed, fact should be so stated above.