

34626

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

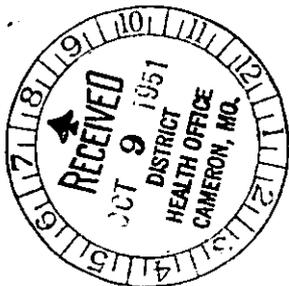
FILED OCT 16 1951

BIRTH NO. _____		REG. DIST. NO. <u>280</u>		PRIMARY REG. DIST. NO. <u>6-96-8</u>		Registrar's No. <u>6-9</u>	
1. PLACE OF DEATH a. COUNTY Platte				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Platte			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Carroll Twp.)		c. LENGTH OF STAY (In this place) 40 yrs		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural (Carroll Twp.)			
d. FULL NAME OF HOSPITAL OR INSTITUTION 5 mi. E. of Platte City				d. STREET ADDRESS (If rural, give location) 5 mi. E. of Platte City			
3. NAME OF DECEASED (Type or Print) a. (First) Winnifred			b. (Middle) Duncan		c. (Last) Chinn		4. DATE OF DEATH (Month) (Day) (Year) Sept. 29, 1951
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 6, 1890	9. AGE (In years last birthday) 61	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME Joseph Duncan			13b. MOTHER'S MAIDEN NAME Laura McMillan		14. NAME OF HUSBAND OR WIFE Thomas B. 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 Thomas B. Chinn, Platte City, 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) Carcinoma of Liver 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. _____					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 156K					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		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>Dec 26, 1950</u> to <u>Sept 29, 1951</u> that I last saw the deceased alive on <u>9-26, 1951</u> and that death occurred at _____ from the causes and on the date stated above.							
23a. SIGNATURE John P. Rollins (Degree or title)				23b. ADDRESS Platte City, Mo.		23c. DATE SIGNED 1951-10-1	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 10-1-51	24c. NAME OF CEMETERY OR CREMATORY Hampton Cemetery		24d. LOCATION (City, town, or county) (State) Platte County, Mo.		
DATE REC'D BY LOCAL REG. OCT-1-1951		REGISTRAR'S SIGNATURE John P. Rollins		25. FUNERAL DIRECTOR'S SIGNATURE William Mitchell		ADDRESS Platte City, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 _____

Roland M. Giffey

Licensed Embalmer No. _____

4725

P. O. Address _____

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