

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **16368**  
**1948**

FILED MAY 17 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b> <u>4</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (In this place) <b>19 Mons.</b>		d. STREET ADDRESS (If rural, give location) <b>2202 E. 73RD. ST.</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>WALNUT NURSING HOME</b>			

3. NAME OF DECEASED a. (First) <b>GUY</b> b. (Middle) <b>CHAIN</b> c. (Last) <b>CHAIN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>4 - 29 - 52</b>		
5. SEX <b>♂</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>June 13, 1871</b>	9. AGE (In years last birthday) <b>80</b>	10. CITIZEN OF WHAT COUNTRY? <b>USA</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <b>KANSAS /</b>	

13a. FATHER'S NAME <b>HUGH CHAIN</b>		13b. MOTHER'S MAIDEN NAME <b>ELIZABETH PERRY</b>		14. NAME OF HUSBAND OR WIFE <b>FRANCES CHAIN</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. RUTH WEBB - 2202 E. 73RD. ST.</b>	

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			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Arterio-sclerotic degeneration</b>			DUE TO (b) <b>Hypertension</b>			<b>3 mos.</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			DUE TO (c)			
19a. DATE OF OPERATION			19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input 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 Apr 3, 1952, to Apr 29, 1952, that I last saw the deceased alive on Apr 28, 1952, and that death occurred at home, from the causes and on the date stated above.

23a. SIGNATURE <b>R Paul Wright</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>1324 Prof. Bldg Kansas City, Mo</b>		23c. DATE SIGNED <b>Apr 29, 52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>		24b. DATE <b>4-29-52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>—</b>	
24d. LOCATION (City, town, or county) (State) <b>ATCHISON, KANSAS</b>					

DATE REC'D BY LOCAL REG. <b>4-29-52</b>		REGISTRAR'S SIGNATURE <b>Deraldine Holmes</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STINE &amp; McCLURE KANSAS CITY, MO.</b>	
---	--	---	--	--	--

(Licensed Embellisher's Statement on Reverse Side)

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

Dr. [unclear]  
Whisper [unclear]  
[unclear] 1924

**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 Gerald Berger

Licensed Embalmer No. 4763

P. O. Address H. C. [unclear]

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.