

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **27285**

FILED SEP 15 1952

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>5134</u>		Registrar's No. <u>956</u>	
1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Washington Twp Industrial City</u>)		c. LENGTH OF STAY (In this place) <u>over 25 Yr</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Industrial City - Washington Twp</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>RFD # 2 St. Joseph</u>				d. STREET ADDRESS (If rural, give location) <u>RFD # 1 St Joseph 0118</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>KENNETH</u>		b. (Middle) <u>LEE</u>		c. (Last) <u>CHASTAIN</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>September 5 1952</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Nov. 1, 1907</u>	
9. AGE (In years last birthday) <u>44</u>		10. UNDER 1 YEAR Months _____ Days _____		11. UNDER 2 MRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Brickmason</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Building</u>		11. BIRTHPLACE (State or foreign country) <u>St. Joseph, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Walter W. Chastain</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen Taylor</u>		14. NAME OF HUSBAND OR WIFE <u>Wynona Chastain</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>WW 2 495-10-5096</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wynona Chastain Industrial City, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Coronary Sclerosis</u> <u>2 yrs</u> DUE TO (c) <u>Man died suddenly in his home while watching a prize fight on his television set. He was known to have a chronic heart disease.</u>					II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) <u>Witnessed</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>4201</u>			
22. I hereby certify that I attended the deceased from <u>on 9/6, 1952</u> , 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>8:50 P.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>H. F. Mundy M.D. (Coroner)</u>				23b. ADDRESS <u>St. Joseph, Mo.</u>		23c. DATE SIGNED <u>9/6/52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept. 8, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Sept 11, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Cash</u>		446 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stamper Funeral Home St. Joseph, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

AP 19 1952

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Charles E. Bennett*

Licensed Embalmer No. *4677*

P. O. Address *St Joseph 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.