

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27979

3596

BIRTH NO.		REG. DIST. NO. 149	PRIMARY REG. DIST. NO. 1002	Registrar's No. 3596
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, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		
c. LENGTH OF STAY (In this place) 55 YEARS		d. STREET ADDRESS (If rural, give location) 422 1/2 W 15th		
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1				
3. NAME OF DECEASED (Type or Print) Zo Zo		a. (First) Zo Zo		b. (Middle) B.
		c. (Last) Chinn		4. DATE OF DEATH (Month) (Day) (Year) 8 9 52
5. SEX male	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH 8-12-77	9. AGE (In years last birthday) 74
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) EMPLOYEE		10b. KIND OF BUSINESS OR INDUSTRY SPEAR MILLS, INC		11. BIRTHPLACE (City and State or Foreign Country) KINGSVILLE MISSOURI
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JAMES CHINN		
13b. MOTHER'S MAIDEN NAME SARAH G. ELLIS		13. NAME OF HUSBAND OR WIFE NANNIE 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. 486-10-5287		17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS MRS. NAN CHINN 822 1/2 W 15th ST. KANSAS 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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Aspiration pneumonia  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac failure hypertensive heart disease DUE TO (c) arterial vascular disease  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)		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 8-3-52 to 8-9-52, 1952, that I last saw the deceased alive on 8-9-52, 1952, and that death occurred at 10:10 p.m., from the causes and on the date stated above.				
23a. SIGNATURE B.I. Burns		23b. ADDRESS 24th & Cherry		23c. DATE SIGNED 8-11-52
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE AUG-12-1952		24c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY
24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI		25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS O.H. Newcomer 1331 BRUSH CREEK KANSAS CITY, MO.		
DATE REC'D BY LOCAL REG. 8-12-52		REGISTRAR'S SIGNATURE Geraldine Holmes		

(Licensed Embalmer's Statement of Reverse Side)

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

*Expiring*

**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

*Edward M. Stang*

Licensed Embalmer No. 4452

P. O. Address K. C. 4 No.

**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.