

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35352

State File No. ....

FILED NOV 8 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 159 PRIMARY REG. DIST. NO. 5572 Registrar's No. 183

1. PLACE OF DEATH a. COUNTY <u>Jackson (Praine Twp)</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>R.R. Lee Summit 1 week</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>La Monte 0800</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>town</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Woods Chapel Rd</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Winnie Jane</u> b. (Middle) _____ c. (Last) <u>Hall</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 14 1952</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec 28 1868</u>	9. AGE (In years last birthday) <u>83</u> IF UNDER 1 YEAR Months <u>10</u> Days <u>17</u> IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Martin Co. Indiana</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Peter Chastain</u>	13b. MOTHER'S MAIDEN NAME <u>Mary E Chastain</u>	14. NAME OF HUSBAND OR WIFE <u>Sherman Hall</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Velma E Rice</u> ADDRESS <u>Lee Summit Mo.</u>
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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, ashenia, 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) <u>Cerebral Embolism</u>		<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 myocarditis</u> DUE TO (c) <u>Auricular Fibrillation</u>		<u>6 yr</u> <u>1 yr</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 <u>4222</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 Oct. 7, 1952, to Oct. 14, 1952, that I last saw the deceased alive on Oct. 14, 1952, and that death occurred at 10:00 A.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Cliff E Miller MD</u>	23b. ADDRESS <u>Lee Summit Mo</u>	23c. DATE SIGNED <u>10-14-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>14-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>La Monte Mo</u>	24d. LOCATION (City, town, or county) (State) <u>La Monte</u>
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DATE REC'D BY LOCAL REG. <u>10-14-52</u>	REGISTRAR'S SIGNATURE <u>Donald C. Earnshaw</u> 378-P	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul M Moore</u> ADDRESS <u>La Monte Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 *Paul M. Moore*

Licensed Embalmer No. *3923*

P. O. Address *La Monte Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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