No. 300
10.48

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

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 4771

FILED MAR 4 1954

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 601

**1. PLACE OF DEATH**
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): 30 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ST. MARY'S HOSPITAL

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN: KANSAS CITY
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): 2929 CHARLOTTE STREET

**3. NAME OF DECEASED** (Type or Print)
a. (First): CLARENCE
b. (Middle): W.
c. (Last): CHAFFIN

**4. DATE OF DEATH** (Month) (Day) (Year): FEBRUARY 3 1954

**5. SEX**: MALE
**6. COLOR OR RACE**: WHITE
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): MARRIED
**8. DATE OF BIRTH**: JANUARY 1 1893
**9. AGE** (In years last birthday): 61 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): MACHINIST
**10b. KIND OF BUSINESS OR INDUSTRY**: Mattress & Springs
**11. BIRTHPLACE** (City and State or Foreign Country): OHIO
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: E. E. CHAFFIN
**13b. MOTHER'S MAIDEN NAME**: UNKNOWN
**14. NAME OF ~~HUSBAND OR~~ WIFE**: MRS. DAISY CHAFFIN

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown): NO — (If yes, give war or dates of service)
**16. SOCIAL SECURITY NO.**: 495-05-1177
**17. INFORMANT'S SIGNATURE OR NAME**: MRS. DAISY CHAFFIN — ADDRESS: 2929 CHARLOTTE 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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain Tumor — INTERVAL BETWEEN ONSET AND DEATH: 20-25 days

ANTECEDENT CAUSES
*Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) unknown if malignant or
DUE TO (c) benign

II. OTHER SIGNIFICANT CONDITIONS
*Conditions contributing to the death but not related to the disease or condition causing death.* Atypical Pneumonia — 14 days

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**
**20. AUTOPSY?** YES ☐ NO ☒

**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) m.
**21e. INJURY OCCURRED** WHILE AT WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* Jan 20, 1954, *to* Feb 3, 1954, *that I last saw the deceased alive on* Feb 3, 1954, *and that death occurred at* 7:10 P. m., *from the causes and on the date stated above.*

**23a. SIGNATURE**: W. W. Dodson (Degree or title) M.D.
**23b. ADDRESS**: Kansas City, Missouri
**23c. DATE SIGNED**: Feb 6 1954

**24a. BURIAL, CREMATION, REMOVAL** (Specify): BURIAL
**24b. DATE**: FEB 6 1954
**24c. NAME OF CEMETERY OR ~~CREMATORY~~**: FOREST HILL CEMETERY
**24d. LOCATION** (City, town, or county) (State): KANSAS CITY MISSOURI

**DATE REC'D BY LOCAL REG.**: 2-6-54
**REGISTRAR'S SIGNATURE**: Geraldine Smith
**25. FUNERAL DIRECTOR'S SIGNATURE**: D. H. Newcomer Sons — ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.

(Licensed Embalmer's Statement on Reverse Side)

vi 1109

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John B. Lewis

Licensed Embalmer No. 487

P. O. Address KCM

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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