

FILED JUN 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

17954

BIRTH NO. _____		REG. DIST. NO. <u>42</u>		PRIMARY REG. DIST. NO. <u>1000</u>		Registrar's No. <u>659</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 OR TOWN <u>St. Joseph</u> (If outside corporate limits, write RURAL and give township)		c. LENGTH OF STAY (in this place) <u>7 years.</u>		c. CITY OR TOWN <u>St. Joseph</u>		d. In Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>2307 Goff Street</u>				e. STREET ADDRESS (If rural, give location) <u>2307 Goff Street</u>					
3. NAME OF DECEASED (Type or Print) <u>Albert Chase</u> a. (First) b. (Middle) c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) <u>June 20, 1954</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>Dec. 12, 1864</u>			
9. AGE (In years last birthday) <u>89</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>inspector</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Frisco Railroad Co.</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>			
11. BIRTHPLACE (City and State or Foreign Country) <u>Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Frank A. Chase</u>					
13b. MOTHER'S MAIDEN NAME <u>Melissa Clark</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Chase</u>				15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>			
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Mary Chase, 2307 Goff, St. Joseph, Mo.</u> ADDRESS							
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) <u>Leak at Vets Club Accident</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
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) (m.)			
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>331X</u>							
22. I hereby certify that I attended the deceased from <u>Jan 2</u> , 19 <u>54</u> , to <u>June 20</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>19 June</u> , 19 <u>54</u> , and that death occurred at <u>10:45Am.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Alvina W Craig M.D.</u>				23b. ADDRESS <u>570 Francis St St Joseph Mo</u>		23c. DATE SIGNED <u>22 June 54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>6/22/1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>June 24, 1954</u>		REGISTRAR'S SIGNATURE <u>Leather M. Allison</u>		4852		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hester - Bowman</u> ADDRESS <u>St Joseph Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

Dr. Craig

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.....
Signature of Student Embalmer

Signed *W E Edmoustone*

Licensed Embalmer No. *4179*

P. O. Address *319 E 10 St*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.