

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 32976

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY BATES.		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 RICH HILL.		c. LENGTH OF STAY (In this place) 36 HRS.	c. CITY OR TOWN KANSAS CITY NORTH
d. FULL NAME OF HOSPITAL OR INSTITUTION 311 W. MAPLE ST.		e. STREET ADDRESS (If rural, give location) R.F.D. 4 - N. KANSAS CITY.	

3. NAME OF DECEASED (Type or Print) JOHN WILLIAM CHIVINGTON, JR	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH OCTOBER-25-1954
---	------------	-------------	-----------	---

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED NEVER MARRIED	8. DATE OF BIRTH MAY-10-1884	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SERV. STATION OPERATOR -		10b. KIND OF BUSINESS OR INDUSTRY -		11. BIRTHPLACE (City and State or Foreign Country) TIMBER HILLS OHIO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME JOHN W. CHIVINGTON SR	13b. MOTHER'S MAIDEN NAME UNKNOWN.	14. NAME OF HUSBAND OR WIFE
---	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W.I.	16. SOCIAL SECURITY NO. NO.	17. INFORMANT'S SIGNATURE OR NAME Wm K. Greenlee - Rich Hill Mo	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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction		INTERVAL BETWEEN ONSET AND DEATH 2 Weeks
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension		
	DUE TO (c) Cerebral hemorrhage		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pericardial hemorrhage		23. DATE SIGNED 10-27-54	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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?
--	--	----------------------------

22. I hereby certify that I attended the deceased from **Oct 22, 1954**, to **Oct 25, 1954**, that I last saw the deceased alive on **Oct 25, 1954**, and that death occurred at **1:30** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Dennis Johnson M.D. Rich Hill Mo	23b. ADDRESS	23c. DATE SIGNED
--	--------------	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-27-54	24c. NAME OF CEMETERY OR CREMATORY GREEN LAWN CEM.	24d. LOCATION (City, town, or county) (State) Rich Hill Mo
---	---------------------------	---	---

DATE REC'D BY LOCAL REG. 10-29-1954	REGISTRAR'S SIGNATURE Mrs. Edna Douglas Booth	25. FUNERAL DIRECTOR'S SIGNATURE Funeral Home - Rich Hill Mo	ADDRESS
--	--	---	---------

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

0070

JAN 28 1958

NOV 30 1954

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

John H. Anderson

Licensed Embalmer No. 358

P. O. Address Butler, Va.

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.