

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

FILED JUN 1 1955

State File No. **15709**

BIRTH NO. _____		REG. DIST. NO. <u>150</u>		PRIMARY REG. DIST. NO. <u>5522</u>		Registrar's No. <u>93</u>	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Mo b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Independence R 4)		c. LENGTH OF STAY (in this place) 25 da		c. CITY OR TOWN Grain Valley		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION CityCounty Hospital				e. STREET ADDRESS (If rural, give location) City			
3. NAME OF DECEASED (Type or Print) a. (First) Allie b. (Middle) Faye c. (Last) Chiddix			4. DATE OF DEATH (Month) (Day) (Year) May 15 1955				
5. SEX Fm	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec 1 1894		9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 4 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, or if retired) House Wife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (City and State or Foreign Country) Bates City Mo		12. CITIZEN OF WHAT COUNTRY? usa	
13a. FATHER'S NAME Jim Cummins		13b. MOTHER'S MAIDEN NAME Sue Weir		14. NAME OF HUSBAND OR WIFE Charley Chiddix			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charley Chiddix Grain Valley 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute & unresolving Cholelithiasis ANTECEDENT CAUSES c acute peritonitis Morbidity 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 Arteriosclerotic heart disease. Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 yr Pink	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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) 585 X			
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 <u>4-25</u> 19 <u>55</u> , to <u>5/15</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>5/15</u> , 19 <u>55</u> , and that death occurred at <u>6 PM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE C. J. Smith (Degree or title) MD		23b. ADDRESS 1010 Park Bldg K & Mir		23c. DATE SIGNED 5/15/55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 17 1955	24c. NAME OF CEMETERY OR CREMATORY Blue Springs		24d. LOCATION (City, town, or county) (State) Blue Springs Mo		
DATE REC'D BY LOCAL REG. 5-17-55		REGISTRAR'S SIGNATURE N. B. Longford		25. FUNERAL DIRECTOR'S SIGNATURE Webb Funeral Home		ADDRESS Blue Springs Mo	

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

(Licensed Emballer's Statement on Reverse Side)

JUN 1 1951

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 *R. Blumenthal*

Licensed Embalmer No. 238

P. O. Address *Blue Spring*

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.