

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **4683**

590

BIRTH NO. **14470-56** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **590**

1. PLACE OF DEATH a. COUNTY Jackson				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 Kansas City		c. LENGTH OF STAY (In this place) Life		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		d. STREET ADDRESS (If rural, give location) 8805 Gregory 3048			
d. FULL NAME OF HOSPITAL OR INSTITUTION Research Hospital				3. NAME OF DECEASED a. (First) Donald b. (Middle) Joseph c. (Last) Chaffield					
4. DATE OF DEATH (Month) (Day) (Year) 2 8 56		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)			
8. DATE OF BIRTH 2-8-56		9. AGE (In years last birthday) 10 48		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY			
11. BIRTHPLACE (City and State or Foreign Country) Kansas City Missouri				12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME Kenneth Joseph Chaffield		13b. MOTHER'S MAIDEN NAME Betty Ann Mayer		14. NAME OF HUSBAND OR WIFE					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Betty Ann Mayer Chaffield		ADDRESS 8805 Gregory KE 291401			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) anoxia ANTECEDENT CAUSES Premature delivery (23 wks) DUE TO (b) Premature delivery (23 wks) 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		7625		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)		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 2/8 , 19 56 to 2-8 , 19 56 , that I last saw the deceased alive on 2/8 , 19 56 and that death occurred at m. , from the causes and on the date stated above.									
23a. SIGNATURE (Degree) Richard G. Helmer				23b. ADDRESS 620 Prof Bldg		23c. DATE SIGNED 2/9/56			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB. 10, 1956		24c. NAME OF CEMETERY OR CREMATORY MT. OLIVET CEM.		24d. LOCATION (City, town, or county) (State) Hickman Mills, Mo			
DATE REC'D BY LOCAL REG. 2-9-56		REGISTRAR'S SIGNATURE Neve Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. C. Caraway Independence, Mo					

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Richard G. Helmer

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 _____

Not Embalmed

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed _____

Tom D. Marklan

Licensed Embalmer No. _____

4592

P. O. Address _____

Indep. Mo

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