Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-002487
STATE FILE NUMBER

FILED FEB 5 1959 Registration District No. 292 Primary Registration District No. 6000 Registrar's No. 5

1. PLACE OF DEATH
a. COUNTY Ralls
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Jasper Twsh. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) B Minerth of Vandalia Length of stay in 1b 2 hrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Ralls
c. CITY OR TOWN Jasper Twsh. Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 3 miles out Vandalia Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First Thomas Middle Milton Last Chinn
4. DATE OF DEATH Month Jan Day 24 Year 1959
5. SEX Male
6. COLOR OR RACE White
7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH 5-25-77
9. AGE (In years last birthday) 81 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) Farmer
10b. KIND OF BUSINESS OR INDUSTRY Farm
11. BIRTHPLACE (City and state or country) Ralls County, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Richard H. Chinn
13b. MOTHER'S MAIDEN NAME Lusinda J. Brown
14. NAME OF HUSBAND OR WIFE Gerda Chinn, (Wife)
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 492-40-2400
17. INFORMANT Address Gerda Chinn Vandalia, Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH Minutes
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) ~~Gen~~ arteriosclerotic heart disease — 1 year
DUE TO (c) diphtheria
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from March 15 58 to Jan 24 59 and last saw her/him alive on Jan 24 59
Death occurred at 10 00 AM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Ernest R Rhine MD
22b. ADDRESS Vandalia Mo
22c. DATE SIGNED 1/26/59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE Jan 27-1959
23c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetary
23d. LOCATION (City, town, or county) (State) Vandalia, Missouri.

24. FUNERAL DIRECTOR William B Waters ADDRESS Vandalia Mo
25. DATE RECD. BY LOCAL REG. 2/2/1959
26. REGISTRAR'S SIGNATURE Clyde C. Mitchell

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

Received in Ralls Co. Health office 2/3/59

FEB 5 1959

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 William R. Waters

Licensed Embalmer No. 4164

P. O. Address Vandalia, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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