

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

0006432

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1058

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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23x28

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

REFILED 04 65

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, give TOWNSHIP only) OR Kansas City		Length of stay in 1b 3 1/2 Years	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4504 Crisp		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4504 Crisp Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) ESTHER ALICE CHINN			4. DATE OF DEATH Month February Day 23 Year 1965
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 10-15-1871
9. AGE (last birthday) 93		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At home		10b. KIND OF BUSINESS OR INDUSTRY - - -	11. BIRTHPLACE (City and state or country) Montgomery Co., Kansas
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME Daniel Anderson	
13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Leroy C. Chinn	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Mrs. Harry Fretz, 4504 Crisp, Kansas City, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Cerebral Thrombosis			INTERVAL BETWEEN ONSET AND DEATH 2 wks.
DUE TO (b) Cerebral Arteriosclerosis			2 mo.
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Myocardial Degeneration			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 Feb 1, 1963 to Feb. 23, 1965 and last saw her alive on Feb. 21, 1965 Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE John K. Caldwell MD (Degree or title)		22b. ADDRESS 306 E. 12 St. Kansas City, Mo.	22c. DATE SIGNED 2/24/65
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2-25-1965	23c. NAME OF CEMETERY OR CREMATORY Hale Cemetery	23d. LOCATION (City, town, or county) (State) Hale, Missouri
24. FUNERAL DIRECTOR Freeman Mortuary, Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 2-24-65	26. REGISTRAR'S SIGNATURE Bessie Smith

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF **John K. Caldwell**

USE BLACK INK OR TYPEWRITER RIBBON

Dr. John K. Caldwell
Argyle Building - 1036
HA.1-1454

3 P.M.

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 Clayton H. Barnes

Licensed Embalmer No. 4793

P. O. Address K.C., 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.