

FILED AUG 13 1949

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 23337
3308
 Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (In this place) 10 years		d. STREET ADDRESS (If rural, give location) 1005 Penn	
d. FULL NAME OF HOSPITAL OR INSTITUTION General Hospital No. 1			
3. NAME OF DECEASED (Type or Print) a. (First) Winifred b. (Middle) G. c. (Last) Chiles			4. DATE OF DEATH (Month) (Day) (Year) 7 30 1949
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH 2-11-1916
9. AGE (In years last birthday) 33		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Waitress		10b. KIND OF BUSINESS OR INDUSTRY T.W.A. Club Rooms	
11. BIRTHPLACE (State or foreign country) Tipton, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Sylvester Chiles		13b. MOTHER'S MAIDEN NAME Hilda Kramer	
14. NAME OF HUSBAND OR WIFE XX			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 490-02-5854	
17. INFORMANT'S SIGNATURE OR NAME Mrs. Hilda Chiles, Jefferson City Mo		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Poliomyelitis bulbar ANTECEDENT CAUSES Morbid 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 Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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) (Min.)		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 July 28 , 19 49 , to July 30 , 19 49 , that I last saw the deceased alive on July 30 , 19 49 , and that death occurred at 7:45 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Wm. W. Hart (Degree or title) M.D.		23b. ADDRESS Med. Dir. Gen'l Hosp.	
23c. DATE SIGNED 7-30-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 7-30-49	
24c. NAME OF CEMETERY OR CREMATORY St. Andrews Cem.		24d. LOCATION (City, town, or county) (State) Tipton Mo.	
DATE REC'D BY LOCAL REG. 7-31-49		REGISTRAR'S SIGNATURE Sheraldine Holmes	
25. FUNERAL DIRECTOR'S SIGNATURE J.W. Wagner		ADDRESS R. C. Mo	

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

6961
AUG 19 1969

Handwritten initials and scribbles in the top right corner.

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
Student Embalmer

Signed A. R. Hauschild

Licensed Embalmer No. 4159

P. O. Address Kansas City 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.