No. 300
10-48

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

FILED DEC 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 38132

BIRTH NO. _____ REG. DIST. NO. 296 PRIMARY REG. DIST. NO. 6017 Registrar's No. 24

5890

1. PLACE OF DEATH
a. COUNTY: Ray
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural-Camden Twp.
c. LENGTH OF STAY (in this place): 2 weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Camden Junction

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jackson
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City
d. STREET ADDRESS (If rural, give location): 2418½ Bales

3368

3. NAME OF DECEASED (Type or Print)
a. (First): John
b. (Middle): William
c. (Last): Chenault

4. DATE OF DEATH (Month) (Day) (Year): Dec. 4 1950

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 31, 1888
9. AGE (In years last birthday): 62 — If under 1 year: Months 10, Days 3 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Railroad worker
10b. KIND OF BUSINESS OR INDUSTRY: ----------
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Sherman Chenault
13b. MOTHER'S MAIDEN NAME: Mary Chrisman
14. NAME OF HUSBAND OR WIFE: Ruth Williams

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): unknown — (If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: 495-03-7170
17. INFORMANT'S SIGNATURE OR NAME, K.C. ADDRESS: Mrs. Ruth Chenault, 2418½ Bales

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Intra Cranial Haemmorhage — INTERVAL BETWEEN ONSET AND DEATH: 8 days

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Fracture of the Skull

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Hit by a train — 35

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT ~~SUICIDE~~ HOMICIDE (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.): On Railroad track
21c. ~~(CITY, TOWN,~~ OR TOWNSHIP): Camden — (COUNTY): Ray — (STATE): Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 12-4-50-6¹⁵ p.m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR?

089

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. F. Bailey, Coroner
23b. ADDRESS: Richmond Mo
23c. DATE SIGNED: 12-4-1950

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 12-7-1950
24c. NAME OF CEMETERY OR CREMATORY: Green Lawn
24d. LOCATION (City, town, or county) (State): Kansas City Mo

DATE REC'D BY LOCAL REG.: 12-6-50
REGISTRAR'S SIGNATURE: Helen J. Larkin 372
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Thomas J. Castle Richmond Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
DEC 11 1950
DISTRICT
HEALTH OFFICE
CAMERON, MO.

FEB 19 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 .....
Student Embalmer

Signed Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.