

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **42248**

FILED DEC 28 1953

BIRTH NO. _____ REG. DIST. NO. **47** PRIMARY REG. DIST. NO. **3008** Registrar's No. **410**

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

1. PLACE OF DEATH a. COUNTY Calloway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE mo b. COUNTY Caldwell	
b. CITY (If outside corporate limits, write RURAL and give township) Fulton	c. LENGTH OF STAY (in this place) 2 MGS	c. CITY OR TOWN Laddonia	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION State Hospital # 21		e. STREET ADDRESS (If rural, give location) 0040	

3. NAME OF DECEASED (Type or Print) a. (First) HENRY b. (Middle) ROSS c. (Last) CHENEY			4. DATE OF DEATH (Month) (Day) (Year) DEC 25 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH March 26 1896		9. AGE (In years) (last birthday) 57 IF UNDER 1 YEAR: Months 8 Days 29 IF UNDER 2 HRS: Hours 29 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salvage		10b. KIND OF BUSINESS OR INDUSTRY Common Labor		11. BIRTHPLACE (City and State or Foreign Country) DC.	

13a. FATHER'S NAME DK	13b. MOTHER'S MAIDEN NAME DK	14. NAME OF HUSBAND OR WIFE divorced
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) DK	16. SOCIAL SECURITY NO. DK	17. INFORMANT'S SIGNATURE OR NAME DK Records State Hospital #1 Fulton Mo	ADDRESS Fulton Mo
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		
	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 4222	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **Dec 24**, 19**53**, to **Dec 25**, 19**53**, that I last saw the deceased alive on **Dec 24**, 19**53**, and that death occurred at **5:00** m., from the causes and on the date stated above.

23a. SIGNATURE J.C. Mcools	(Degree or title) M.D.	23b. ADDRESS Fulton Mo	23c. DATE SIGNED 12-25-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-25-1953	24c. NAME OF CEMETERY OR CREMATORY Laddonia Cemetery	24d. LOCATION (City, town, or county) (State) Laddonia Mo 12-26-53
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DATE REC'D BY LOCAL REG. Dec. 25-1953	REGISTRAR'S SIGNATURE Maretha Lawrence	426- 426	25. FUNERAL DIRECTOR'S SIGNATURE Wilbur Buehlhoff	ADDRESS Laddonia Mo
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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 *Clyde C. Wilkey*.....

Licensed Embalmer No. *3840*.....

P. O. Address *Gerry, Ma*.....

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.