

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43298

State File No.

FILED JAN 18 1956

5730

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____					
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. LENGTH OF STAY (in this place) 22 yrs.		c. CITY OR TOWN Kansas City		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 Menorah Hospital				e. STREET ADDRESS (If rural, give location) 43 801 W. 77 th. st.							
3. NAME OF DECEASED (Type or Print) Robert			a. (First)		b. (Middle) Chenoweth		c. (Last)				
4. DATE OF DEATH Dec. 31, 1955				4. DATE (Month) (Day) (Year)							
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 7, 1887		9. AGE (In years last birthday) 69 yrs. IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 2 WKS: Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Bookkeeper			10b. KIND OF BUSINESS OR INDUSTRY Riss Truck Lines		11. BIRTHPLACE (City and State or Foreign Country) Phillipi West Virginia			12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME John O. Chenoweth			13b. MOTHER'S MAIDEN NAME Mary Ellen Board			14. NAME OF HUSBAND OR WIFE Norma P. Chenoweth					
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. 487 - 09 - 8954		17. INFORMANT'S SIGNATURE OR NAME Mrs. Norma E. Chenoweth				ADDRESS K.C. Mo.		
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH			
* This does not mean the cause of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Congestive Circulatory Failure						4 mos.			
		ANTECEDENT CAUSES									
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.									
		DUE TO (b) Coronary Artery Sclerosis						1 year			
		DUE TO (c) General Vascular Sclerosis						2 years			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Nutritional and Electrolyte Deficiency.						1 month			
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 Jan. 10, 1954 , to Dec. 31, 1955 , that I last saw the deceased alive on Dec. 30, 1955 , and that death occurred at 3.9 p.m. , from the causes and on the date stated above.											
23a. SIGNATURE Graham Asher (Degree or title) M.D.					23b. ADDRESS 1270 Professional Bldg. Kansas City 6. Mo.			23c. DATE SIGNED 12-31-55			
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12-31-55		24c. NAME OF CEMETERY OR CREMATORY Woodlawn		24d. LOCATION (City, town, or county) (State) Fairmont West Virginia					
DATE REC'D BY LOCAL REG 12-31-55		REGISTRAR'S SIGNATURE Neva Marshall			25. FUNERAL DIRECTOR'S SIGNATURE Stine & McClure					ADDRESS K.C. Mo.	

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

*Dr. Astor
Take to office before 4:00
will have to pick up later this 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 *Elmer D. Fiplett*

Licensed Embalmer No. *481*

P. O. Address *Kansas City*

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.