

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED APR 23 1956

BIRTH NO. _____		REG. DIST. NO. <u>371</u>		PRIMARY REG. DIST. NO. <u>6261</u>		Registrar's No.		
1. PLACE OF DEATH a. COUNTY <u>Webster</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Webster</u>				
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural West Benton</u>)		c. LENGTH OF STAY (In this place) <u>10 yrs</u>		c. CITY OR TOWN <u>Rt. 2 Rogersville, Mo</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rogersville Mo. rt #2</u>				e. STREET ADDRESS (If rural, give location) <u>Rogersville, Mo Rt #2</u> 112¹⁰				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Cynthia</u> b. (Middle) <u>Belle</u> c. (Last) <u>Chaffin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 15- 1956</u>					
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>April 18-1886</u>		
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	
13a. FATHER'S NAME <u>James Trimble</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Teague</u>			14. NAME OF HUSBAND OR WIFE _____		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Audie Siler, Rogersville, Mo</u>			
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, asthma, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>None</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>No operation</u>				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) <u>443X</u>				
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? _____				
22. I hereby certify that I attended the deceased from <u>March 14, 1956</u> , to <u>April 15, 1956</u> , that I last saw the deceased alive on <u>April 12, 1956</u> and that death occurred at <u>3:40 P.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>A. R. Schultz</u> (Degree or title) _____				23b. ADDRESS <u>Fordland, Mo</u>		23c. DATE SIGNED <u>4/17/56</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-18-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>White Oak</u>		24d. LOCATION (City, town, or county) (State) <u>Webster Mo</u>		
DATE REC'D BY LOCAL REG. <u>4/17/56</u>		REGISTRAR'S SIGNATURE <u>Opal M. Good</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>F. B. Chaffin</u> ADDRESS <u>Ozark, Mo.</u>				

(Licensed Embalmer's Statement on Reverse Side)

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

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..... *J. B. Chaffin*

Licensed Embalmer No. *219*.....

P. O. Address..... *Ozark*

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.