

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH 3015

26354

FILED SEP 11 1956

State File No.

225

BIRTH NO. _____ REG. DIST. NO. 75 PRIMARY REG. DIST. NO. 4138 Registrar's No. 89

1. PLACE OF DEATH a. COUNTY <u>CLINTON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>CLINTON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cameroon</u>		c. LENGTH OF STAY (in this place)	c. CITY OR TOWN <u>LATHROP</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>CAMERON HOSPITAL</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>S. PARK STREET</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary</u> b. (Middle) <u>Alice</u> c. (Last) <u>Chenoweth</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 19, 1956</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED; NEVER MARRIED; WIDOWED; DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>JUNE 5, 1894</u>		9. AGE (In years) (Month) (Day) <u>62</u>		10. F UNDER 1 YEAR <u>0</u> F UNDER 1 HRS. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Griggsville Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>J. D. Fagin</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Ferguson</u>	
14. NAME OF HUSBAND OR WIFE <u>Ross C. Chenoweth</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>-</u>	

17. INFORMANT'S SIGNATURE OR NAME <u>Ross C. Chenoweth</u>		ADDRESS <u>LATHROP MO</u>	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis</u>		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>polyarthriti's</u>			
* This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>atonic bladder, hypertension</u>			

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) <u>443 X</u>	
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 June, 1955, to Aug 19, 1956, that I last saw the deceased alive on _____, 19____, and that death occurred at 6:00 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. D. Lines M.D.</u>		(Degree or title)		23b. ADDRESS <u>Cameroon, Mo</u>	
23c. DATE SIGNED <u>9-3-56</u>		24a. BURIAL, CREMATION REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Aug. 22, 56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>LATHROP CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>LATHROP MO</u>			

DATE REC'D BY LOCAL REG. <u>9-4-56</u>		REGISTRAR'S SIGNATURE <u>Francis D. Crawford</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>MOSS CRUNK CAMERON, MO.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 24 1957

JUN 5 1957

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.....

Leighton Hunt

Licensed Embalmer No. 2537

P. O. Address *Cameron, N.C.*

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.