

FILED DEC 17 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

46994

STATE FILE NUMBER

Registration District No. 337 Primary Registration District No. 4497 Registrar's No. 96

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY Shelby		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clarence		a. STATE Missouri		b. COUNTY Shelby	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb 60 Years		c. CITY OR TOWN Clarence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First Victor		Middle Arthur		Last Cheline		Month Day Year Dec 7th 1957	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH June 13th 1875	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Cement Worker		10b. KIND OF BUSINESS OR INDUSTRY Road Builder		11. BIRTHPLACE (City and state or country) Altona Ill		9. AGE (In years last birthday) 82	
13. FATHER'S NAME John Cheline				14. MOTHER'S MAIDEN NAME Martha Anderson			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT Olga Cheline Clarence Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) mitral Stenosis						INTERVAL BETWEEN ONSET AND DEATH 2 weeks	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c) 410XF							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) Fell in home and hurt face						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I of Part II of item 18.) Fell in his home					
20c. TIME OF INJURY Hour a. m. 1:00 P.M. Month Day Year Nov. 16 57							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION Clarence Shelby Mo.			
21. I attended the deceased from Nov 25/1957 to Dec 7/1957 and last saw him alive on Dec 7/1957 Death occurred at 12:17 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE B. H. Edgington D.O.				22b. ADDRESS Clarence, Mo		22c. DATE SIGNED 12-10-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12/9/57		23c. NAME OF CEMETERY OR CREMATORY Maplewood		23d. LOCATION (City, town, or county) (State) Clarence Mo	
24. FUNERAL DIRECTOR Barkeley & Davis		ADDRESS Clarence Mo		25. DATE RECD. BY LOCAL REG. 12-12-57		26. REGISTRAR'S SIGNATURE Ada Garrison	

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 John Byrd; Student Embalmer No. 55 working under my personal supervision.

Student John Byrd
Signature of Student Embalmer

Signed Henry G. Baskel

Licensed Embalmer No. 383

P. O. Address Shelburne - VT

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.