

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-010383
STATE FILE NUMBER

Filed MAR 23 1959 Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 99

300
1-57

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

| | | | | | |
|--|----------------------------------|---|---|--|---|
| 1. PLACE OF DEATH a. COUNTY Pettis | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Pettis | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Sedalia | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Sedalia, | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 201 W. 10th. | | Length of stay in 1b 9yrs. | d. STREET ADDRESS (If outside, give location) 201 W. 10th. | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First MAYME Middle CHEMINANT Last | | | 4. DATE OF DEATH Month March Day 16, Year 1959 | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Jan. 29, 1884 | 9. AGE (In years at birthday) 75 | 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) Housework | | 10b. KIND OF BUSINESS OR INDUSTRY Own Home | 11. BIRTHPLACE (City and state or country) Nashua, Mo. | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME W. J. Nance | | 13b. MOTHER'S MAIDEN NAME Cordelia Link | | 14. NAME OF HUSBAND OR WIFE Clifton F. Cheminant | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) | | 16. SOCIAL SECURITY NO. | 17. INFORMANT Address Mrs. A. C. Morton 210 W. 16 Sedalia, 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) Acute Coronary Occlusion Post. Traud | | | | | INTERVAL BETWEEN ONSET AND DEATH Immediate |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary arteriosclerosis | | | | | years. |
| DUE TO (c) Hypertensive vascular disease | | | | | years. |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
| 20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | |
| 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.) | | 20f. CITY, TOWN, OR LOCATION COUNTY STATE | |
| 21. I attended the deceased from 6 June 53 to 16 Mar 59 and last saw her alive on 16 Mar 59 Death occurred at 12:30 A m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) Carl Siegel M.D. | | | 22b. ADDRESS 1216 West 18th St. Sedalia, Mo | | 22c. DATE SIGNED 16 Mar 59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Cremation | | 23b. DATE March 18, 1959 | 23c. NAME OF CEMETERY OR CREMATORY DW Newcomers | | 23d. LOCATION (City, town, or county). (State) Kansas City, Mo |
| 24. FUNERAL DIRECTOR W. Heckart, Sedalia, Mo. | | | 25. DATE RECD. BY LOCAL REG. 3-17-1959 | 26. REGISTRAR'S SIGNATURE Frances Shelby | |

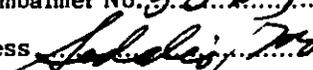
STATEMENT BY LICENSED EMBALMER

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 

Licensed Embalmer No. 5067

P. O. Address 

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.