

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-035112

FILED VS. OCT 21 1959

STATE FILE NUMBER

Registration District No. 11

Primary Registration District No. 4025

Registrar's No. 82

ENDED

1. PLACE OF DEATH a. COUNTY Barry				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Barry					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wheaton		Length of stay in 1b years		c. CITY OR TOWN Wheaton		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Wheaton				
3. NAME OF DECEASED (Type or print) First SARAH Middle GENEVA Last CHENOWETH				4. DATE OF DEATH Month September Day 30 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 10-13-1883			
				9. AGE (last birthday) 76		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY home		11. BIRTHPLACE (City and state or country) Wheaton, Missouri		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME J. A. Duncan			13b. MOTHER'S MAIDEN NAME Eliza Inman			14. NAME OF HUSBAND OR WIFE W. C. 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. unknown		17. INFORMANT Carroll Chenoweth-Cassville, Mo.			Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Uremia</u> DUE TO (b) _____ DUE TO (c) <u>Metastatic Carcinoma</u>							INTERVAL BETWEEN ONSET AND DEATH <u>4-5 days</u> <u>about 1 yr.</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <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 _____ a.m. _____ p.m. Month, Day, Year _____		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 <u>March 27, 1959</u> to <u>Sept. 30, 1959</u> and last saw her ^{her} alive on <u>Sept. 30, 1959</u> Death occurred at <u>12:10 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <u>Mary Newman</u> (Degree or title) <u>MD.</u>			22b. ADDRESS <u>Cassville, Mo.</u>			22c. DATE SIGNED <u>10-1-59</u>			
23a. BURIAL, CREMATION REMOVAL (Specify) Burial		23b. DATE 10-2-1959		23c. NAME OF CEMETERY OR CREMATORY Muncy Chapel Cemetery		23d. LOCATION (City, town, or county) (State) Barry County, Missouri			
24. FUNERAL DIRECTOR Culver's		ADDRESS Cassville, Mo.		25. DATE RECD. BY LOCAL REG. 10-13-1959		26. REGISTRAR'S SIGNATURE <u>Grace Williams</u>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Margaret C. Herbert

Licensed Embalmer No. 4389

P. O. Address Cassville, Mo

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.