URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

59-039635

STATE FILE NUMBER

FILED VS NOV 30 1959

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 1246

MENDED

1. PLACE OF DEATH
a. COUNTY Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield — Length of stay in 1b 4 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1626 W. Olive Street — Inside Limits Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Greene
c. CITY OR TOWN Springfield — Inside Limits Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location) 1626 W. Olive Street — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print) First ZETTA Middle ANN Last CHORUM

4. DATE OF DEATH Month November Day 18, Year 1959

5. SEX Female
6. COLOR OR RACE White
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH 7/23/1894
9. AGE (last birthday) 65 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HR 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) Dallas County, Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Ben Shelton
13b. MOTHER'S MAIDEN NAME Emma Scott
14. NAME OF HUSBAND OR WIFE Jess Chorum

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None
16. SOCIAL SECURITY NO. ----
17. INFORMANT Address Zada Spencer, Rt.2, FairGrove, 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) Likely Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH Unknown
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Likely Arteriosclerosis, Coronaries — ..
DUE TO (c) UNATTENDED BY A PHYSICIAN

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. [ ] Yes [ ] No [ ] Unknown

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
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 [ ] NOT WHILE AT WORK [ ]
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 ——, to —— and last saw her/him alive on ——
Death occurred at aprox 10:00P.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Greene Co Health Officer, James R. Amos, M.D. Greene Co Health Ofc. Springfield, Mo
22c. DATE SIGNED 11-24-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 11/21/1959
23c. NAME OF CEMETERY OR CREMATORY Hazelwood Cemetery
23d. LOCATION (City, town, or county) (State) Springfield, Missouri.

24. FUNERAL DIRECTOR ADDRESS 1200 Boonville Avenue Ralph Thieme, Springfield, Missouri
25. DATE RECD. BY LOCAL REG. 11-25-59
26. REGISTRAR'S SIGNATURE Effie G. Melton

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

BY AFFIDAVIT OF DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Harold Futrell

Signature of Student Embalmer

Licensed Embalmer No. 5079

P. O. Address Springfield

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.