

JURY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035803

LED VS OCT 5 1960

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 122

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Ray</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>															
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Township</u>		Length of stay in lb <u>1 week</u>		c. CITY OR TOWN <u>Henrietta</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>													
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Ray County Memorial Hosp.</u>			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1 mile SE of Henrietta</u>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>												
3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>ABNER</u> Last <u>CHENAULT</u>				4. DATE OF DEATH Month <u>Sept.</u> Day <u>28</u> Year <u>1960</u>															
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>1/13/1876</u>		9. AGE (last birthday) <u>84</u>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>General farming</u>		11. BIRTHPLACE (City and state or country) <u>Henrietta, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>											
13a. FATHER'S NAME <u>Abner R. Chenault</u>				13b. MOTHER'S MAIDEN NAME <u>Ellen Estes</u>				14. NAME OF HUSBAND OR WIFE <u>Patti Tr Chenault-deceased</u>											
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>				16. SOCIAL SECURITY NO. <u>489-36-4276</u>		17. INFORMANT Address <u>Mrs. R.J. Kelly, Lexington, Mo.</u>													
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>Myo-Cardial Infarct</u> DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH <u>4 DAYS</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>Sept-24-60</u> and last saw him alive on <u>Sept 28-60</u> Death occurred at <u>12:15 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.																			
22a. SIGNATURE <u>E. B. Kelly</u> (Degree or title)				22b. ADDRESS <u>Richmond Mo</u>				22c. DATE SIGNED <u>9-29-60</u> (Date)											
23a. BURIAL, CREATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Sept. 30/1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		23d. LOCATION (City, town, or county) <u>Richmond, Mo.</u>													
24. FUNERAL DIRECTOR <u>Thurman Funeral Home, Richmond, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>10-2-1960</u>		26. REGISTRAR'S SIGNATURE <u>Malcol Jackson</u>													

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0961 6 AON

STATEMENT BY LICENSED EMBALMER

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

~~XXXXXX~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Leland Thurman

Licensed Embalmer No. 4563

P. O. Address Richmond, Mo.

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