

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-041401

FILED VS. DEC 5 1960

77

Primary Registration District No. 3016

Registrar's No. 404

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Cole			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Unknown b. COUNTY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jefferson City, Mo.		Length of stay in 1b 31 yrs.	c. CITY OR TOWN Unknown		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Prison Hospital			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Henry Owen Chenoweth			4. DATE OF DEATH Month Day Year December 1, 1960		
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5/26/1860	9. AGE (last birthday) 100	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Unknown		12. CITIZEN OF WHAT COUNTRY United States
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Unknown	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Unknown		16. SOCIAL SECURITY NO. Unknown	17. INFORMANT Address Mo. State Penitentiary		
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 Congestive Failure DUE TO (b) Arteriosclerotic Cardiovascular DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					INTERVAL BETWEEN ONSET AND DEATH 2 days
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease/condition given in PART I (a) Fracture Neck of Left Femur				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 1/22/60 to 12/1/60 and last saw her/him alive on 11/30/60 Death occurred at 7:45 am on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree of title) H.W. Mayer M.D.			22b. ADDRESS Mo. State Prison Hospital Jefferson City, Mo.		22c. DATE SIGNED 12/1/60
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial Removal 12-3-1960	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY Christain Cemetery Review Cemetery		23d. LOCATION (City, town, or county) (State) Fredericktown, Missouri	
24. FUNERAL DIRECTOR ADDRESS Caldwell Funeral Home, Flat River, Mo.		25. DATE RECD. BY LOCAL REG. 2 December 1960	26. REGISTRAR'S SIGNATURE R.P. Harris, MD - RICK		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

#23C Correction by Sidson House

(Licensed Embalmer's Statement on Reverse Side)

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 Gideon N. House

Licensed Embalmer No. 4579
P. O. Address Jefferson

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