

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-013874

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 44

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59  
1 1080  
2 0390  
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7 1  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED MAR 27 1962**

1. PLACE OF DEATH  
a. COUNTY Vernon

b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Washington Twnshp Length of stay in lb 25yrs

c. CITY OR TOWN Springfield Inside Limits Yes  No

d. STREET ADDRESS (if outside, give location) Rt 11 Box 318 Reside on Farm Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Missouri b. COUNTY Greene

3. NAME OF DECEASED (Type or print) First Dave Middle Cheston Last Cheston

4. DATE OF DEATH Month March Day 11 Year 1962

5. SEX male 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH June 6, 1867 9. AGE (last birthday) 94

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer 10b. KIND OF BUSINESS OR INDUSTRY no information 11. BIRTHPLACE (City and state or country) North Carolina 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Joe Cheston 13b. MOTHER'S MAIDEN NAME Sally Young 14. NAME OF HUSBAND OR WIFE —

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. none 17. INFORMANT Address hospital records

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Arteriosclerotic heart disease INTERVAL BETWEEN ONSET AND DEATH years  
DUE TO (b) arteriosclerosis, generalized "  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (c) Senility

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chr. brain syndrome associated with disease  
unknown cause

PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  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 July 1, 1961 to March 11, 1962 and last saw her him alive on 3-9-62  
Death occurred at 5:05 P on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Dr. Roub MD 22b. ADDRESS State Hospital # 3 22c. DATE SIGNED 3-11-62

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 3/12/62 23c. NAME OF CEMETERY OR CREMATORY Anatomical 23d. LOCATION (City, town, or county) (State) Wash. Univ. St. Louis, M.

24. FUNERAL DIRECTOR Richard L. Shorten, Nevada, Mo. ADDRESS — 25. DATE RECD. BY LOCAL REG. 3-24-1962 26. REGISTRAR'S SIGNATURE Anna & Jerry

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

**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

*Lloyd C. McLeod*

Licensed Embalmer No. 4853

P. O. Address Neale, Md.

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.