MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

62-021690
STATE FILE NUMBER

Dr. Spears

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1060
2 0050
3
4 1
5 1
6
7 0
8 2
9 4201
10
11
12 91-0
13 1-0

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

Registration District No. 352 Primary Registration District No. _____ Registrar's No. 40

FILED MAY 28 1962

1. PLACE OF DEATH
a. COUNTY: TANEY
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Hollister — Length of stay in 1b: few days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Long Creek Lodge — Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Barry
c. CITY OR TOWN: Cassville — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): Highway #37 South — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Inza Middle: Manley Last: Chenoweth
4. DATE OF DEATH: Month: May Day: 16 Year: 1962
5. SEX: Female
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10-28-1907
9. AGE (last birthday): 54 — 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): Cassville, Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Lon L. Manley
13b. MOTHER'S MAIDEN NAME: Ami Plattenberg
14. NAME OF HUSBAND OR WIFE: J. Carroll Chenoweth
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: unknown
17. INFORMANT: J. C. Chenoweth — Address: Cassville, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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 ☒
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 DOA to _____ and last saw her/him alive on _____
Death occurred at 3:15 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Charles A. Spears (Degree or title) M.D.
22b. ADDRESS: Branson, MO
22c. DATE SIGNED: 5-19-62

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5-18-1962
23c. NAME OF CEMETERY OR CREMATORY: Oak Hill Cemetery
23d. LOCATION (City, town, or county) (State): Cassville, Missouri

24. FUNERAL DIRECTOR: Culver's — ADDRESS: Cassville, Missouri
25. DATE REC'D. BY LOCAL REG.: 5-20-62
26. REGISTRAR'S SIGNATURE: Helen Campbell

(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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Paul D. Herbert

Licensed Embalmer No. 4576

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.