

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

#62-033992

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 431

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |   |   |  |
|--|---|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>CAPE</u>   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>MO</u> b. COUNTY <u>SCOTT</u>                          |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>CAPE GIRARDEAU</u>   |   | c. CITY OR TOWN <u>SIKESTON</u>   |  |
| c. FULL NAME OF (IF NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>ST. FRANCIS HOSP</u>   |   | d. STREET ADDRESS (If outside, give location)<br><u>222 COLLINS DR.</u>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><u>JAMES URAL CHEWNING</u>   |   |   | 4. DATE OF DEATH<br>Month Day Year<br><u>9-28-1962</u>   |
| 5. SEX<br><u>MALE</u>  | 6. COLOR OR RACE<br><u>WHITE</u>  | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>2-22-1907</u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>CLERK</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>RAILWAY EXPRESS AGY.</u>  | 11. BIRTHPLACE (City and state or country)<br><u>CHAFFEE MO</u>  |
| 13a. FATHER'S NAME<br><u>JAMES A. CHEWNING</u>   |   | 13b. MOTHER'S MAIDEN NAME<br><u>MARY JANE PHELPS</u>  | 14. NAME OF HUSBAND OR WIFE<br><u>EUNICE</u>   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>YES WW II</u>  |   | 17. INFORMANT<br>Address<br><u>Mrs Eunice Chawning - Sikeston Mo</u>  |  |
| 19. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Chronic Glomerulonephritis</u>  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>Unknown</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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<br>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>June 1962</u> to <u>9-28-62</u> and last saw him alive on <u>9-28-62</u><br>Death occurred at <u>10<sup>00</sup> A.</u> m on the date stated above, and to the best of my knowledge, from the causes stated. |   |   |  |
| 22a. SIGNATURE (Degree or title)<br><u>Harold Dordings MD</u>  |   | 22b. ADDRESS<br><u>Cape Girardeau, Mo.</u>  | 22c. DATE SIGNED<br><u>10-2-62</u>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>BURIAL</u>   | 23b. DATE<br><u>9-30-1962</u>   | 23c. NAME OF CEMETERY OR CREMATORY<br><u>MEMORIAL PARK</u>  | 23d. LOCATION (City, town, or county)<br><u>SIKESTON MO</u>  |
| 24. FUNERAL DIRECTOR<br><u>Welch Funeral Home Sikeston Mo</u>  |   | 25. DATE RECD. BY LOCAL REG.<br><u>10-2-1962</u>  | 26. REGISTRAR'S SIGNATURE<br><u>Drew Katten</u>  |

NOV 2 1962

**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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Likeston 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.