

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40083

STATE FILE NUMBER

FILED DEC 9 - 1957

Registration District No. 137 Primary Registration District No. 3623 Registrar's No. 654

1. PLACE OF DEATH a. COUNTY <u>Herry</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Herry</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Clinton</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>302 E. Ohio St</u>			Length of stay in lb <u>2 1/2 yrs</u>		d. STREET ADDRESS (If outside, give location) <u>302 E. Ohio St</u>
3. NAME OF DECEASED (Type or print) First <u>FLORENCE M.</u> Middle <u>CHENOWETH</u> Last <u>CHENOWETH</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>26</u> Year <u>1957</u>		
5. SEX <u>Female</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>May 28, 1898</u>	9. AGE (In years last birthday) <u>79</u> IF UNDER 1 YEAR IF UNDER 24 HRS. Month <u>5</u> Days <u>28</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>		11. BIRTHPLACE (City and state or country) <u>Herry Co. Mo.</u>	
13. FATHER'S NAME <u>John Caldwell</u>			14. MOTHER'S MARDEN NAME <u>Abigail Neptune</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (See no. or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT <u>Mrs Herry Smith, Archie 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>Cerebral Thrombosis</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>332X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 mo.</u> <u>yes</u>
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 _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____					
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>1996</u> to <u>11-26-57</u> and last saw her alive on <u>11-26-57</u> Death occurred at <u>12:01 PM</u> on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>Wm C Sunderwirth D.O.</u>			22b. ADDRESS <u>Clinton Mo</u>		22c. DATE SIGNED <u>11-27-57</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Nov. 28, 1957</u>		23c. NAME OF CEMETERY OR CREMATORY <u>White Oak Cem.</u>	
23d. LOCATION (City, town, or county) (State) <u>Union, Mo. M.A.</u>		24. FUNERAL DIRECTOR ADDRESS <u>A. A. Vassant, Clinton, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>11-27-57</u>	
26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>					

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 *H. H. Vansant*

Licensed Embalmer No. *377*

P. O. Address *Clinton*

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.