FILED AUG 15 1949

No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23979

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5658 Registrar's No. 48

1. PLACE OF DEATH
a. COUNTY: Lawrence
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural Vinyard Twshp.
c. LENGTH OF STAY (In this place): 1 Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Vinyard Township

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield (Rural)
d. STREET ADDRESS (If rural, give location): Route # 11

3. NAME OF DECEASED (Type or Print): a. (First) James b. (Middle) Paul c. (Last) Cheffey

4. DATE OF DEATH (Month) (Day) (Year): June 11 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Sept. 29 1914
9. AGE (In years last birthday): 34 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Construction Wkr.
10b. KIND OF BUSINESS OR INDUSTRY: Drennon & Sons
11. BIRTHPLACE (State or foreign country): Springfield, Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Charles Jay Cheffey
13b. MOTHER'S MAIDEN NAME: Margaret Ann Boatz
14. NAME OF HUSBAND OR WIFE: CarrieyCheffey

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.: 494 18 3551
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Mrs. Carrie Cheffey Springfield, Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Electrocution — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) _____

DUE TO (c) _____

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II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death.

46

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify)
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Highway
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Vinyard Township, Lawrence, Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 6-11-49-6:45 p.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?: Accidental Contact with high tension electrical lines (REA)

22. *I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on* 6-11-, 1949, *and that death occurred at* 5:30p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Kenneth Glover MD
23b. ADDRESS: Mt. Vernon, Mo
23c. DATE SIGNED: 6/21/49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 6/14/49
24c. NAME OF CEMETERY OR CREMATORY: Clear Creek Cemetery
24d. LOCATION (City, town, or county) (State): Near Springfield, Mo.

DATE REC'D BY LOCAL REG.: 8-11-49
REGISTRAR'S SIGNATURE: Cecil Hendricks 411
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: H.H. Lohmeyer Springfield, Mo.

(Licensed Embalmer. See Statement on Reverse Side)

RECEIVED AUG 12 1949
District Health Office No. 6,
District File Number 849-927
Date Filed 8-12-49

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 .....
Student Embalmer

Signed Walter E. Hamilton

Licensed Embalmer No. 3808

P. O. Address Springfield, 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 this body is not embalmed, fact should be so stated above.