

FILED SEP 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30019

45

BIRTH NO. _____		REG. DIST. NO. 140		PRIMARY REG. DIST. NO. 3024		Registrar's No. 49			
1. PLACE OF DEATH a. COUNTY Lee Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO				b. COUNTY Howard, MO	
b. CITY (If outside corporate limits, write RURAL and give township) Layette			c. LENGTH OF STAY (in this place) 0	c. CITY (If outside corporate limits, write RURAL and give township) Armstrong			0		
d. FULL NAME OF HOSPITAL OR INSTITUTION Lee Hospital Fayette				d. STREET ADDRESS no				2	
3. NAME OF DECEASED (Type or Print) ANNIE - FRANCIS CHERINGTON			a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Aug 20 - 49			
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widow	8. DATE OF BIRTH July 16 - 1869		9. AGE (In years last birthday) 80	10. IF UNDER 1 YEAR Days	11. IF UNDER 24 HRS. Hours	12. IF UNDER 10 MIN. Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri D		12. CITIZEN OF WHAT COUNTRY? MO USA		
13a. FATHER'S NAME Isaac Chitner			13b. MOTHER'S MAIDEN NAME Arlena Ralae		14. NAME OF HUSBAND OR WIFE William Cherrinton				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) no		16. SOCIAL SECURITY NO. no		17. INFORMANT'S SIGNATURE OR NAME Mrs Ewert Flashholder				ADDRESS Glasgow	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Culmonary embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Intestinal obstruction DUE TO (c) operation -				INTERVAL BETWEEN ONSET AND DEATH sudden July 29 '49 5:15 AM	
19a. DATE OF OPERATION July 29 - 49		19b. MAJOR FINDINGS OF OPERATION adhesion - total obstruction small bowel -				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from July, 1949, to Aug 20, 1949, that I last saw the deceased alive on Aug 20, 1949 and that death occurred at 6 P. m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) M. P. Beech M.D.				23b. ADDRESS Layette MO		23c. DATE SIGNED 8-30-49			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Aug 22	24c. NAME OF CEMETERY OR CREMATORY City Cemetery		24d. LOCATION (City, town, or county) (State) Fayette MO				
DATE REC'D BY LOCAL REG. 8-30-49		REGISTRAR'S SIGNATURE Mary K. Shell deputy 470		25. FUNERAL DIRECTOR'S SIGNATURE H. S. P. Olson				ADDRESS	

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

RECEIVED SEP 8

District Health Officer No. 18

District File Number

Date Filed 9-21-49

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.

Signed H. S. Robinson.

Signed _____
Student Embalmer

Licensed Embalmer No. 3001

P. O. Address Armstrong

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.