

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 8805

FILED MAR 24 1952

BIRTH NO. _____		REG. DIST. NO. <u>157</u>		PRIMARY REG. DIST. NO. <u>5585</u>		Registrar's No. <u>41</u>			
1. PLACE OF DEATH a. COUNTY <u>Jasper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>rural - Madison Twnshp</u>		c. LENGTH OF STAY (in this place) <u>3 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>rural - Madison Township</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 1 Carthage</u>				d. STREET ADDRESS (If rural, give location) <u>Route 1 Carthage</u> <u>0490</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>RICHARD</u>			b. (Middle)		c. (Last) <u>CHORUM</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>March 3, 1952</u>		
5. SEX <u>♂</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Nov 21, 1867</u>		9. AGE (in years last birthday) <u>84</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 1 HR. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (State or foreign country) <u>Lee County, Kentucky</u>			12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>William Chorum</u>			13b. MOTHER'S MAIDEN NAME <u>Tina Combs</u>			14. NAME OF HUSBAND OR WIFE <u>Sarah Gowing Chorum</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Vollie Chorum, Rt 1, Carthage, Mo</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>congestive heart failure</u>						INTERVAL BETWEEN ONSET AND DEATH <u>2 mo -</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease -</u>						<u>20 years?</u>	
		DUE TO (c)							
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic rheumatoid arthritis -</u>						<u>20 years?</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4200</u>						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) (m.)		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 <u>2/7</u> , 19 <u>50</u> , to <u>3/3</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>2/28</u> , 19 <u>52</u> , and that death occurred at <u>4:40A</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Charles J. Schell MD</u>				23b. ADDRESS <u>201 W. 3rd, Carthage, Mo</u>			23c. DATE SIGNED <u>3-4-52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Mch 6, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Carthage, Mo</u>			
DATE REC'D BY LOCAL REG. <u>3-5-52</u>		REGISTRAR'S SIGNATURE <u>J. B. Clinton MD</u> <u>1391</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Knell Mortuary, Carthage, Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY--USING UNFAADING BLACK INK--MAKE A PERMANENT RECORD

490

RECEIVED 3-21-52  
Jasper County Health Office

County File Number 52/3/221

Date Filed 3-21-52

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 Robert H. Kneel

Licensed Embalmer No. 4459

P. O. Address Carthage, 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.