

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30588

State File No.

BIRTH NO. 52000 REG. DIST. NO. 373 PRIMARY REG. DIST. NO. 4575 Registrar's No. 49

1. PLACE OF DEATH a. COUNTY <u>WEBSTER 1120</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>WEBSTER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>MARSHFIELD</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>MARSHFIELD MO 1120</u>	
c. LENGTH OF STAY (In this place) <u>30 MIN</u>		d. STREET ADDRESS (If rural, give location) <u>MARSHFIELD MO</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BAINN HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Lois</u> b. (Middle) <u>ANN</u> c. (Last) <u>CHEMENS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 5 1952</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	
8. DATE OF BIRTH <u>Aug 5 1952</u>		9. AGE (In years last birthday) <u>30</u>		10. IF UNDER 24 HRS. Months Days Hours <u>30</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>MARSHFIELD MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>					

13a. FATHER'S NAME <u>JOHN CHEMENS</u>		13b. MOTHER'S MAIDEN NAME <u>ESTHER HENDERSON</u>		14. NAME OF HUSBAND OR WIFE <u>NONE</u>	
--	--	---	--	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>_____</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>JOHN CHEMENS MARSHFIELD 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				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u>		DUE TO (b) <u>Mis carriage</u>					
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Early Rupture of Amnion (Spontaneous)</u>					
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7615</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 8/5, 1952, to 8/5, 1952, that I last saw the deceased alive on 5/5, 1952, and that death occurred at 7:0 P. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>[Signature]</u>		23b. ADDRESS <u>1120 Marshfield, Mo.</u>		23c. DATE SIGNED <u>8/7/52</u>	
---	--	--	--	--------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-6-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>GOOD HOPE</u>	
24d. LOCATION (City, town, or county) (State) <u>WEBSTER CO MO</u>					

DATE REC'D BY LOCAL REG. <u>8/22/52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>BARBER-BARTO MARSHFIELD MO</u>	
---	--	--	--	--	--

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

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

Body Not Embalmed
Signed

Licensed Embalmer No.....

P. O. Address.....

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.