

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

FILED NOV 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36958
STATE FILE NUMBER

Registration District No. 6 Primary Registration District No. 3001 Registrar's No. 29

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before a. STATE Missouri b. COUNTY Audrain)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Vandalia	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Vandalia	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1007 South Monroe		Length of stay in lb Years Years	d. STREET ADDRESS 1007 South Monroe (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) Elsie ^{First} Alice ^{Middle} Chenoweth ^{Last}	4. DATE OF DEATH Month Nov Day 5 Year 1956
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct 20, 1872	9. AGE (In years last ^{day}) 84	IF UNDER 1 YEAR Months 16	IF UNDER 24 HRS. Hours 16 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Jasper County, Iowa	12. CITIZEN OF WHAT COUNTRY? US
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13. FATHER'S NAME Clinton Fenner	14. MOTHER'S MAIDEN NAME Sarah Fenner
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Marion Chenoweth, Vandalia, Mo.
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18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Inanition and Debilitation		INTERVAL BETWEEN ONSET AND DEATH 3 wks.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Carcinomatosis		1 yr.
	DUE TO (c) Primary Carcinoma of Breast		2 yr.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	

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 11:22 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 Vandalia, Missouri	COUNTY Audrain	STATE Missouri
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21. I attended the deceased from **May 1953** to **Nov. 5, 1956** and last saw her ^{him} alive on **Nov. 5, 1956**
Death occurred at **11:22 P. m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) E. W. Lindsay D.O.	22b. ADDRESS Ladonia, Missouri	22c. DATE SIGNED Nov. 7, 1956
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Nov 8, 1956	23c. NAME OF CEMETERY OR CREMATORY Vandalia Cemetery	23d. LOCATION (City, town, or county) (State) Vandalia, Missouri
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24. FUNERAL DIRECTOR William B Waters	ADDRESS Vandalia, Mo.	25. DATE RECD. BY LOCAL REG. Nov 13, 1956	26. REGISTRAR'S SIGNATURE Walter Fugua
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *William B. Nater*.....

Licensed Embalmer No. *4*.....

P. O. Address *Vandalia*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.