

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006647
STATE FILE NUMBER

FILED MAR 5 - 1958

Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 78

300
-57

1. PLACE OF DEATH a. COUNTY <i>Lemiscot</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Lemiscot</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Hayti</i>		c. CITY OR TOWN <i>Hayti 0780</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) <i>409 South 2nd St.</i>	
3. NAME OF DECEASED (Type or print) First <i>Cora</i> Middle <i>Rachel</i> Last <i>Renew</i>		4. DATE OF DEATH Month <i>February</i> Day <i>14</i> Year <i>1958</i>	
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>March 22, 1874</i>
9. AGE (In years last birthday) <i>83</i>		10. FUNDED 1 YEAR IF UNDER 24 HRS. Months <i>10</i> Days <i>23</i> Hours <i></i> Min. <i></i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Housework</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>	
11. BIRTHPLACE (City and state or country) <i>Brunet, Missouri</i>		12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13a. FATHER'S NAME <i>William Earl Chilton</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah Isabell Clark</i>	
14. NAME OF HUSBAND OR WIFE <i>None</i>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>	
16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT <i>Mrs Pearl Buntrey Illinois Mo</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b); and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial Infarct</i> DUE TO (b) <i>Generalized Arteriosclerosis</i> DUE TO (c) <i>4201</i>			INTERVAL BETWEEN ONSET AND DEATH <i>1 1/2 years</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Cystocele; Rectal Prolapse; Malnutrition; Congestive Failure</i>			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.) <i>—</i>	
20c. TIME OF INJURY Hour <i>—</i> Month, Day, Year <i>—</i> a.m. <i>—</i> p.m. <i>—</i>		20d. INJURY OCCURRED WHILE AT <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.) <i>—</i>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <i>— — — — —</i>	
21. I attended the deceased from <i>7/24/58</i> to <i>2/14/58</i> and last saw her alive on <i>12/20/58</i> Death occurred at <i>5:45 P.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>Loth K. Rushworth MD</i>		22b. ADDRESS <i>Hayti, Missouri</i>	
22c. DATE SIGNED <i>2-17-58</i>		23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	
23b. DATE <i>2-16-58</i>		23c. NAME OF CEMETERY OR CREMATORY <i>East Woodlawn</i>	
23d. LOCATION (City, town, or county) (State) <i>Hayti, Missouri</i>		24. FUNERAL DIRECTOR <i>John H. German</i>	
25. DATE RECD. BY LOCAL REG. <i>2-18-58</i>		26. REGISTRAR'S SIGNATURE <i>John H. German</i>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No syndromes which are not listed. All diseases in Part I must be causally related.

(Licensed Embalmer's Statement on Reverse Side)

3-69-58

MAR 3 1958

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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
Signature of Student Embalmer

Signed *John H. Gorman*

Licensed Embalmer No. *4355*
P. O. Address *St. Louis, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.