

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-000762

FILED VS JAN 26 1961

Registration District No. 098 Primary Registration District No. 4165 Registrar's No. 22

STATE FILE NUMBER

DATE AMENDED
AMENDED
AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF
BY AFFIDAVIT OF
ITEM NO. SHOULD READ

1. PLACE OF DEATH a. COUNTY <i>Lawress</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo.</i> b. COUNTY <i>Lawress</i>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Gallatin Mo.</i>		Length of stay in 1b <i>10 days</i>		c. CITY OR TOWN <i>Coffey</i>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Cox Rest Home</i>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <i>Grand Coffey</i>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First <i>IRA</i> Middle <i>L.</i> Last <i>CHENOWETH</i>				4. DATE OF DEATH Month <i>JAN</i> Day <i>23</i> Year <i>1961</i>					
5. SEX <i>Male</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>JAN 8 - 1869</i>	9. AGE (last birthday) <i>92</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HR Days	Hours	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired Farmer</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>		11. BIRTHPLACE (City and state or country) <i>Grundy County Mo.</i>		12. CITIZEN OF WHAT COUNTRY <i>U.S.</i>		
13a. FATHER'S NAME <i>Remuel Chenoweth</i>			13b. MOTHER'S MAIDEN NAME <i>Abigail Mc Waid</i>			14. NAME OF HUSBAND OR WIFE <i>Minnie Chenoweth Howell</i>			Address
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. Wyle Peterson Browning Mo.</i>				Address
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>Senility Arterial</i> DUE TO (b) <i>+ Myocardial Regeneration 2 yrs</i> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 _____ e.m. _____ p.m. _____		Month, Day, Year							
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		COUNTY		STATE	
21. I attended the deceased from <i>Jan. 10, 1961</i> to <i>Jan 23</i> and last saw <i>him</i> alive on <i>1-22-61</i> Death occurred at <i>3:30 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE <i>Lloyd E. Nelson M.D.</i> (Degree or title)				22b. ADDRESS <i>Gallatin, Mo.</i>		22c. DATE SIGNED <i>1-24-61</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	23b. DATE <i>Jan 25 1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Masonic</i>		23d. LOCATION (City, town, or county) <i>Jamesport Mo</i>		23e. STATE <i>MO</i>			
24. FUNERAL DIRECTOR <i>C. S. Johnson (Jamesport Mo)</i>				25. DATE RECD. BY LOCAL REG. <i>1-24-61</i>		26. REGISTRAR'S SIGNATURE <i>Vergie A. Carpenter</i>			

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 Robert N. Maharg

Licensed Embalmer No. 4348

P. O. Address Jameson Ave

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.