

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039695
STATE FILE NUMBER

Registration District No. 138 Primary Registration District No. 5523 Registrar's No. 47

DO NOT WRITE ON THIS STUB

AMENDED

FILED OCT 29 1963

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Hickory</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Sackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Green</u>		c. CITY OR TOWN <u>Kansas City</u>	
Length of stay in lb <u>36 hours</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>6 Miles S.E. of Hermitage</u>		d. STREET ADDRESS (If outside, give location) <u>4622 Campbell</u>	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First Middle Last <u>Kenneth Conway Cherry</u>		Month Day Year <u>Oct 27-1963</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>3-20-08</u>
9. AGE (last birthday) <u>55</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>7</u>	IF UNDER 24 HR Hours <u>7</u> Min. <u>7</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Fabric Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Fabric Material</u>	11. BIRTHPLACE (City and state or country) <u>Walker, Mo</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>Harold Holden Cherry</u>	
13b. MOTHER'S MAIDEN NAME <u>Blanche Conway</u>		14. NAME OF HUSBAND OR WIFE <u>Hattie Cherry</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>		17. INFORMANT <u>K.M. Cherry - Hermitage Mo</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)		INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:		IMMEDIATE CAUSE (a) <u>16ga. Shot Gun Wound to Center of Chest</u>	
DUE TO (b) _____		DUE TO (c) _____	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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 <u>7:45</u> s.m. <u>p.m.</u> Month, Day, Year <u>10-27-63</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Near Lake</u>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <u>6 Miles S.E. Hermitage Hickory Mo.</u>	
21. I attended the deceased from <u>Death</u> to _____ and last saw her him alive on _____			
Death occurred at <u>7:45</u> <u>A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Robert Hathaway - Connor</u>		22b. ADDRESS <u>Wheatland Mo</u>	
22c. DATE SIGNED <u>10-27-63</u>		22d. LOCATION (City, town, or county) (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>10-27-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Newton Cemetery Nevada, Mo.</u>	23d. LOCATION (City, town, or county) (State)
24. FUNERAL DIRECTOR ADDRESS <u>Cherry Funeral Home - Nevada, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>10-27-1963</u>	26. REGISTRAR'S SIGNATURE <u>Mary Johnson</u>

VS 300
Rev. 4/59

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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

AUG 26 1966

NOV 5 1963

NOV 8 1963

Permit issued 10-2-63 (mb)

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 Chas. Gilbert Hathaway

Licensed Embalmer No. 4267

P. O. Address Wheatland, 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.