

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**63-047388**

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

Registration District No. 5291 Primary Registration District No. 73 Registrar's No. 129

**FILED DEC 17 1963**

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 6000  
2 9000  
3 2  
4 0  
5 1  
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7 0  
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9 180x  
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12 190-2  
13 30

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY <u>CLAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>PLEASANT VALLEY</u>		Length of stay in 1b <u>12 YRS.</u>	c. CITY OR TOWN <u>PLEASANT VALLEY</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>ROUTE 2 BOX 172</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>ROUTE 2 BOX 172</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>JAMES</u> Middle <u>ALFRED</u> Last <u>CHENAULT</u>			4. DATE OF DEATH Month <u>DECEMBER</u> Day <u>10</u> Year <u>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>10-8-1900</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>WALLACE DRYWALL</u>	9. AGE (last birthday) <u>63</u> IF UNDER 1 YEAR: Months <u>    </u> Days <u>    </u> IF UNDER 24 HR: Hours <u>    </u> Min. <u>    </u>
11a. FATHER'S NAME <u>CHARLES S. CHENAULT</u>		11b. MOTHER'S MAIDEN NAME <u>MOLLIE CHRISMAN</u>	11. BIRTHPLACE (City and state or country) <u>COOPER CO., MISSOURI</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>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME		14. NAME OF HUSBAND OR WIFE <u>VERDA L. CHENAULT</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>MRS. CHENAULT ROUTE 2 BOX 172</u> Address <u>PLEASANT VAL</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Pneumonia</u> DUE TO (b) <u>Carcinoma of left kidney region</u> DUE TO (c) <u>Metastasis to lungs</u> 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			INTERVAL BETWEEN ONSET AND DEATH <u>2 wks</u> <u>5 yrs.</u> <u>1 yr.</u>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 <u>    </u> s.m. <u>    </u> p.m. <u>    </u>	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 <u>    </u> STATE <u>    </u>
21. I attended the deceased from <u>January 2, 1954</u> to <u>December 10, 63</u> and last saw her alive on <u>Dec-6-1963</u> Death occurred at <u>3:44</u> P.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Orville W. Smith Sr.</u> (Degree or title)		22b. ADDRESS <u>10 W. Kansas Liberty, Mo.</u>	22c. DATE SIGNED <u>12-11-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>12-13-1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>WHITE CHAPEL MEM. GARDENS</u>	23d. LOCATION (City, town, or county) (State) <u>Gladstone, Mo.</u>
24. FUNERAL DIRECTOR <u>C. H. BLACKMAN &amp; SON, INC. K. C., MO.</u>		25. DATE RECD. BY LOCAL REG. REGISTRAR'S SIGNATURE <u>12-14-63</u> <u>Orville W. Smith Sr.</u>	

USE BLACK INK OR TYPEWRITER RIBBON

DR. CLYDE M. SMITH  
ST 10200

DEC 18 1963

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

*Hugh Baird*

Licensed Embalmer No.

4888

P. O. Address

TC 24, 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.