

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **40050**

FILED DEC 19 1955

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 76 PRIMARY REG. DIST. NO. 4140 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If no usual residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Eugene</u>		c. LENGTH OF STAY (in this place) <u>2 yrs.</u>	c. CITY OR TOWN <u>Eugene</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Sherman</u> c. (Last) <u>Chenault</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 9, 1955</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Apr. 7, 1866</u>
9. AGE (In years last birthday) <u>89</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA.</u>		13. CITIZEN OF WHAT COUNTRY? <u>USA.</u>	
14. FATHER'S NAME <u>James Chenault</u>		15. MOTHER'S MAIDEN NAME <u>Angeline Edwards</u>	
16. NAME OF HUSBAND OR WIFE <u>Mollie C. Chenault</u>		17. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
18. SOCIAL SECURITY NO. <u>none</u>		19. INFORMANT'S SIGNATURE OR NAME <u>Mrs Ward Buster</u>	
20. ADDRESS <u>Eugene, Mo</u>		21. ADDRESS <u>Eugene, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension and atherosclerosis</u> DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>331x</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		21. HOW DID INJURY OCCUR?	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>June, 1954</u> , to <u>12-9-55</u> , that I last saw the deceased alive on <u>10-19-55</u> , and that death occurred at <u>10:25 AM.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Deceasee or title) <u>Carl J. Buehler, M.D.</u>		23b. ADDRESS <u>Eldon Mo</u>	
23c. DATE SIGNED <u>12-9-55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24b. DATE <u>12/11/55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Chapel</u>	
24d. LOCATION (City, town, or county) (State) <u>Copper County, Mo</u>		24e. DATE REC'D BY LOCAL REG. <u>12 Dec 1955</u>	
REGISTRAR'S SIGNATURE <u>R.P. Harris, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>B.W. Haacker</u>	
ADDRESS <u>Boonville Mo</u>		ADDRESS <u>Boonville Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Berry W. Thacher*.....

Licensed Embalmer No. *394*.....

P. O. Address *Boonville*.....

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.