

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **4375**

FILED MAR 15 1954

BIRTH NO. _____ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **3017** Registrar's No. **25**

1. PLACE OF DEATH a. COUNTY Cooper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville,		c. LENGTH OF STAY (In this place) 1 day		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville, Missouri				
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital				d. STREET ADDRESS (If rural, give location) 412 E. High				
3. NAME OF DECEASED (Type or Print) a. (First) Isaac			b. (Middle) Dewey		c. (Last) Chenault		4. DATE OF DEATH (Month) (Day) (Year) March 11, 1954	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced		8. DATE OF BIRTH March 30, 1898		9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months Days	IF UNDER 6 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) laborer		10b. KIND OF BUSINESS OR INDUSTRY stave mill		11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Sherman Chenault			13b. MOTHER'S MAIDEN NAME Molly Christman		14. NAME OF HUSBAND OR WIFE --			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 500-20-2295		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Roy Bridgewater Boonville, Mo.				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Bronchial Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Edema left lung DUE TO (c) Brown atrophy of heart II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. asthma					INTERVAL BETWEEN ONSET AND DEATH 2 days	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 3-11-1954 , to 3-11-1954 , that I last saw the deceased alive on 3-11-1954 and that death occurred at 11:00 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE T. C. Beckett, M.D. (Degree or title)				23b. ADDRESS Boonville, Mo.		23c. DATE SIGNED 3-12-54		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE March 13/54	24c. NAME OF CEMETERY OR CREMATORY Kopps Chapel Cemetery		24d. LOCATION (City, town, or county) (State) Wooldridge, Mo.			
DATE REC'D BY LOCAL REG. 3/12/54		REGISTRAR'S SIGNATURE B. Hooper 381		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS B. N. Hahn Boonville Mo				

(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed *Berry W. Tucker* _____

Licensed Embalmer No. *3944* _____

P. O. Address *Boonville 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 this body is not embalmed, fact should be so stated above.