

FILED APR 12 1949

 THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

11271

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>3076</u>		Registrar's No. <u>56</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Vernon</u>		b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Nevada</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Vernon</u>	
c. LENGTH OF STAY (in this place) <u>many yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Nevada</u>		d. STREET ADDRESS (If rural, give location) <u>425 E. Cherry</u>		1 2 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>425 E. Cherry</u>				d. STREET ADDRESS (If rural, give location) <u>425 E. Cherry</u>			
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH (Month) (Day) (Year)			
a. (First) <u>Inez Maude Chambers</u>		b. (Middle)		c. (Last)		DATE OF DEATH <u>3-27-49</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>		8. DATE OF BIRTH <u>Dec. 9th, 1882</u>	
9. AGE (In years last birthday) <u>66</u>		10. KIND OF BUSINESS OR INDUSTRY <u>homekeeper</u>		11. BIRTHPLACE (State or foreign country) <u>Rockville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME <u>Milton Chambers</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Alice Assberry</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ms. J. N. Nease Outback Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH <u>6 months or longer.</u>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of colon</u>		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
		DUE TO (b)					
		DUE TO (c)					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				<u>15 1/2</u>	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP). (COUNTY) (STATE) <u>✓</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) <u>✓</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>✓</u>			
22. I hereby certify that I attended the deceased from <u>Mich 3, 1949</u> , to <u>Mich 27, 1949</u> , that I last saw the deceased alive on <u>Mich 27, 1949</u> , and that death occurred at <u>7:45 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. H. Love MD</u>				23b. ADDRESS <u>Nevada, Mo.</u>		23c. DATE SIGNED <u>3-30-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>3-29-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Moore's</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>April 6 - 49</u>		REGISTRAR'S SIGNATURE <u>Kathryn H. Jancus</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Mark Lehinger</u>		ADDRESS <u>Nevada, Mo.</u>	

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

RECEIVED

District Health Officer No. 7,

District File Number 349552

Date Filed 4-11-49

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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 .....  
Student Embalmer

Signed Marsh Eekinger

Licensed Embalmer No. 2656

P. O. Address Nevada, 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.