

FILED AUG 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23934**

BIRTH NO. _____ REG. DIST. NO. **170** PRIMARY REG. DIST. NO. **3033** Registrar's No. **126**

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Laclede	
b. CITY (If outside corporate limits, write RURAL and give town) Lebanon		c. CITY (If outside corporate limits, write RURAL and give township) Lebanon	
c. LENGTH OF STAY (In this place) 579		d. STREET ADDRESS (If rural, give location) Young Addition	
d. FULL NAME OF HOSPITAL OR INSTITUTION 113A West Commercial			

3. NAME OF DECEASED (Type or Print) a. (First) Andrew	b. (Middle) Jackson	c. (Last) Chambers	4. DATE OF DEATH (Month) (Day) (Year) Aug 6 1949
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH May 3, 1870	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY Farmer	11. BIRTHPLACE (State or foreign country) Laclede County	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Unknown	13b. MOTHER'S MAIDEN NAME Unknown	14. NAME OF HUSBAND OR WIFE Lina Simmons Chambers
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) NO	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Herbert Chambers	ADDRESS Lebanon, Mo.
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 4201
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary heart disease		
	ANTECEDENT CAUSES 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.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **8-6**, 19**49** to **8-6**, 19**49** that I last saw the deceased alive on **Aug 6**, 19**49**, and that death occurred at **3:30 p. m.**, from the causes and on the date stated above.

23a. SIGNATURE Herbert Chambers, M.D.	(Degree or title)	23b. ADDRESS Lebanon, Mo.	23c. DATE SIGNED 8-9-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 10, 1949	24c. NAME OF CEMETERY OR CREMATORY McBride Cem.	24d. LOCATION (City, town, or county) (State) Laclede Co. Mo.
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DATE REC'D BY LOCAL REG. August 9, 1949	REGISTRAR'S SIGNATURE Hella L. May	25. FUNERAL DIRECTOR'S SIGNATURE Palmer's	ADDRESS Lebanon, MO
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Received AUG 13 1949
Laclede County Health Unit
File No. 8-49-113
Date Filed 8/13/49

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 Richard J. Palmer

Licensed Embalmer No. 4595

P. O. Address Bellevue, 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.