

0492

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 22 1950

State File No. **11185**
Registrar's No. **206**

| | | | | | | | | |
|---|--|--|--|--|--|---|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 157 | | PRIMARY REG. DIST. NO. 3028 | | Registrar's No. 206 | | |
| 1. PLACE OF DEATH a. COUNTY Jasper | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri - b. COUNTY Jasper | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage | | c. LENGTH OF STAY (in this place) 67 yrs | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage | | d. STREET ADDRESS (If rural, give location) 831 E. 6th | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 831 E. 6th St. | | | | d. STREET ADDRESS (If rural, give location) 831 E. 6th | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) DELLA b. (Middle) EVALINE c. (Last) CHAMBERS | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec 11, 1950 | | | | | |
| 5. SEX female | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married | | 8. DATE OF BIRTH Sept 29, 1883 | | |
| 9. AGE (In years last birthday) 67 | | IF UNDER 1 YEAR (Months) (Days) | | IF UNDER 24 HRS. (Hours) (Min.) | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY at home | | 11. BIRTHPLACE (State or foreign country) Sharleston, Illinois | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Jacob Rutherford | | | 13b. MOTHER'S MAIDEN NAME Martha Kirk | | 14. NAME OF HUSBAND OR WIFE George Chambers | | | |
| 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. none | | 17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Spha Hart, 1949 Hazel Ave, Kansas City, Mo | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage with hemiplegia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive cardiovascular disease DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | INTERVAL BETWEEN ONSET AND DEATH 6 months ? 443X | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 6/19, 1950 , to 12/11, 1950 , that I last saw the deceased alive on 12/10, 1950 , and that death occurred at 2:08a m., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) [Signature] MD | | | | 23b. ADDRESS Carthage, Mo | | 23c. DATE SIGNED 12-11-50 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | | 24b. DATE 12-13-50 | | 24c. NAME OF CEMETERY OR CREMATORY Park Cemetery | | 24d. LOCATION (City, town, or county) (State) Carthage, Mo | | |
| DATE REC'D BY LOCAL REG. 12-12-50 | | REGISTRAR'S SIGNATURE [Signature] 139 | | 25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Knell Mortuary, Carthage, Mo | | | | |

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

RECEIVED 12-20-50

Jasper County Health Office

County File Number 50-12-920

Date Filed 12-20-50

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. 383

working under my personal supervision.

Student Thomas C. Parkwood
Student Embalmer

Signed Robert H. Knell

Licensed Embalmer No. 4459

P. O. Address Carthage

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.