

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43610**

FILED DEC 29 1953

| | | | | | | | | | |
|---|--|--|---|---|---|---|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. <u>207</u> | | PRIMARY REG. DIST. NO. <u>931P</u> | | Registrar's No. <u>31</u> | | | |
| 1. PLACE OF DEATH a. COUNTY Maries | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. b. COUNTY Maries | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vienna, Mo.. | | c. LENGTH OF STAY (in this place) 2yrs | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Vienna, Mo. | | 06.20 | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION | | | | d. STREET ADDRESS (If rural, give location) D | | | | | |
| 3. NAME OF DECEASED (Type or Print) George L. Chambers | | | a. (First) L. | | | b. (Middle) Chambers | | | |
| c. (Last) | | | 4. DATE OF DEATH Dec. 18, 1953 | | | (Month) (Day) (Year) | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | | 8. DATE OF BIRTH Oct. 3, 1888. | | | |
| 9. AGE (in years last birthday) 65 | | of UNDER 1 YEAR 2 | | of UNDER 1 YEAR 5 | | of UNDER 1 YEAR 5 | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) Maries Co. Missouri. | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | |
| 13a. FATHER'S NAME William Chambers | | | 13b. MOTHER'S MAIDEN NAME Emaline Stroud | | | 14. NAME OF HUSBAND OR WIFE Ida A. Chambers | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No. | | | 16. SOCIAL SECURITY NO. | | 17. INFORMANT'S SIGNATURE OR NAME Elmer J. Chambers, Vienna, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis | | | | INTERVAL BETWEEN ONSET AND DEATH Immediate | | |
| ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> | | | DUE TO (b) Hypertension, obesity | | | | ? | | |
| DUE TO (c) | | | II. OTHER SIGNIFICANT CONDITIONS: <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4201 | | | | | | 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 8/2/1953 , to 10/20/1953 , that I last saw the deceased alive on 12/16/1953 , and that death occurred at 4:30P. m. , from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE J. C. Howard (Degree or title) D.O. | | | | 23b. ADDRESS Vienna, Missouri | | 23c. DATE SIGNED 12/23/53 | | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 12/20/53 | | 24c. NAME OF CEMETERY OR CREMATORY Macdonia Cemetery | | 24d. LOCATION (City, town, or county) (State) Phelps County, Mo. | | | |
| DATE REC'D BY LOCAL REG. 12-29-53 | | REGISTRAR'S SIGNATURE Pauline Howard | | FUNERAL DIRECTOR'S SIGNATURE W. J. ... | | ADDRESS Vienna, Mo. | | | |

(Licensed Embalmers' Statement on Reverse Side)

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

630

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 _____

working under my personal supervision.

Student
Student Embalmer

Student Embalmer No.

Signed *W. B. ...*

Licensed Embalmer No. *3614*

P. O. Address *...*

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.