

FILED AUG 9 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22070

State File No.

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 226

1. PLACE OF DEATH a. COUNTY <u>Boone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Indiana</u> b. COUNTY <u>Hancock</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Columbia</u>		c. LENGTH OF STAY (in this place) <u>2 wks</u>	c. CITY OR TOWN <u>Wilkinson</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Noyes Hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <u>8130</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>RUBY</u> b. (Middle) <u>ETTA</u> c. (Last) <u>CHAMNESS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug. 5, 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept. 9, 1909</u>	9. AGE (In years last birthday) <u>44</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At home</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Isral Patton Cullison</u>		13b. MOTHER'S MAIDEN NAME <u>Emma Harris</u>		14. NAME OF HUSBAND OR WIFE <u>Victor Chamness</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-20-0197</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Irene Vandagriff, Columbia, Mo.</u>	

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>HYPERTENSIVE CARDIORENOVASCULAR DISEASE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>UNKNOWN</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHRONIC GLOMERULONEPHRITIS</u>		<u>UNKNOWN</u>
	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"/>
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) <u>592X</u>	
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 7-22, 1954, to 8-5, 1954, that I last saw the deceased alive on 8-4, 1954, and that death occurred at 447 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>John B. Walters MD</u>	(Degree or title) _____	23b. ADDRESS <u>22 N 8th, Columbia, Mo</u>	23c. DATE SIGNED <u>8-5-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Aug. 5, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY _____	24d. LOCATION (City, town, or county) (State) <u>Wilkinson, Indiana.</u>

DATE REC'D BY LOCAL REG. <u>Aug 5 1954</u>	REGISTRAR'S SIGNATURE <u>Mrs. R.E. Palmer</u>	25 FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>31 - Parker Funeral Service, Columbia, Mo</u>
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WRITE PLAINLY—USING UNFAADING 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.....
Signature of Student Embalmer

Signed.....
Licensed Embalmer No. 489
P. O. Address. Columbia.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.