No. 300
10-48

FILED OCT 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34304

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 500

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Hoplin
c. LENGTH OF STAY (in this place): 1 Year
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Jasper
c. CITY OR TOWN: Joplin
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location): 1005 West 13th Street

0495
0

3. NAME OF DECEASED (Type or Print)
a. (First): Cheryl
b. (Middle): Allison
c. (Last): CHAMBERS

4. DATE OF DEATH (Month) (Day) (Year): October 1, 1954

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Never Married
8. DATE OF BIRTH: September 9, 1952
9. AGE (In years last birthday): 2 — 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): Child
10b. KIND OF BUSINESS OR INDUSTRY: Child
11. BIRTHPLACE (City and State or Foreign Country): Miami, Oklahoma
12. CITIZEN OF WHAT COUNTRY?: U.S.

13a. FATHER'S NAME: Lowell Chambers
13b. MOTHER'S MAIDEN NAME: Betty Dukes
14. NAME OF HUSBAND OR WIFE: None

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: Betty Chambers — ADDRESS: 1005 West 13th Joplin, 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Acute cardiac failure.	1 hr.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Pulmonary edema.	4 hours.
DUE TO (c)	Acidosis and acute gastro-enteritis	3 days.
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Anemia	Unknown.

19a. DATE OF OPERATION: 10-1-54
19b. MAJOR FINDINGS OF OPERATION: Acute cardiac stand-still. 5711
20. AUTOPSY? YES ☒ NO ☐

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 10-1, 1954, *to* 10-1, 1954, *that I last saw the deceased alive on* 10-1, 1954, *and that death occurred at* 10:00 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): B. E. DeTar, Jr., M. D.
23b. ADDRESS: 410 Jackson, Joplin, Missouri
23c. DATE SIGNED: 10-9-54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: October 3, 1954
24c. NAME OF CEMETERY OR CREMATORY: Southwest City Cemetery
24d. LOCATION (City, town, or county) (State): Southwest City, Missouri

DATE REC'D BY LOCAL REG.: 10-12-54
REGISTRAR'S SIGNATURE: Ed D. James 138 by Dolores Lampkins
25. FUNERAL DIRECTOR'S SIGNATURE: Thornhill-Dillon Mort — ADDRESS: Joplin, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number
Date Filed OCT 18 1954

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed [signature]

Licensed Embalmer No. 4770

P. O. Address Joplin, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.