

FILED FEB 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 180

BIRTH NO. _____		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 41		
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Columbia		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 302 Waugh St.				e. STREET ADDRESS (If rural, give location) 302 Waugh St. 01050				
3. NAME OF DECEASED (Type or Print) a. (First) GEORGE b. (Middle) EDWARD c. (Last) CHAMBERS			4. DATE OF DEATH (Month) (Day) (Year) Jan. 28, 1956					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 30, 1889		
9. AGE (In years last birthday) 66		10. USUAL OCCUPATION (Give kind of work denoting most of working life, even if retired) Co. Road Maintenance		10b. KIND OF BUSINESS OR INDUSTRY Co. Road Maintenance		11. BIRTHPLACE (City and State or Foreign Country) 6 Elston, Missouri		
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Charles O. Chambers		13b. MOTHER'S MAIDEN NAME Sophronia Leach		14. NAME OF HUSBAND OR WIFE Ruth Kenney		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes World War I		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ruth Chambers, Columbia, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary occlusion</i> ANTECEDENT CAUSES <i>Chronic Cardiovascular disease</i> 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. 4 201					INTERVAL BETWEEN ONSET AND DEATH <i>3 min - 3 years</i>	
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) (Min)		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 <i>Coroner's Case</i> , 19____, that I last saw the deceased <i>alive on</i> , 19____, and that death occurred at <i>11:30A. m.</i> , from the causes and on the date stated above.								
23. SIGNATURE (Degree or title) <i>Madison Neal M.D.</i>				23b. ADDRESS <i>Columbia Mo.</i>		23c. DATE SIGNED <i>1/29/56</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>1-31-1956</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Elston Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Elston, Missouri.</i>		
DATE REC'D BY LOCAL REG. <i>Jan 30 1956</i>		REGISTRAR'S SIGNATURE <i>Mrs R E Palmer</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Parer Funeral Service</i>		ADDRESS <i>Columbia Mo</i>		

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

FEB 10 1950

1950

FEB 8

FEB 7 1950

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. 412
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.