

FILED JAN 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 846

BIRTH NO. _____ REG. DIST. NO. 100 PRIMARY REG. DIST. NO. 5390 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY Dent		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). STATE Missouri COUNTY Dent	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural - Springcreek		c. LENGTH OF STAY (in this place) 67 yrs	c. CITY OR TOWN Salem
d. FULL NAME OF HOSPITAL OR INSTITUTION x		e. STREET ADDRESS (If rural, give location) Springcreek typ 0030	

3. NAME OF DECEASED (Type or Print) a. (First) Mattie	b. (Middle) Mae	c. (Last) Chambers	4. DATE OF DEATH (Month) (Day) (Year) Jan 3 1956
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 25 1888	9. AGE (In years last birthday) 67	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 HR. 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 x	11. BIRTHPLACE (City and State or Foreign Country) Dent Co Mo		12. CITIZEN OF WHAT COUNTRY? U S	

13a. FATHER'S NAME George W. Martin	13b. MOTHER'S MAIDEN NAME Fannie Martin	14. NAME OF HUSBAND OR WIFE James Ed Chambers
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No x	16. SOCIAL SECURITY NO. x	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Virginia Mauzy Salem Mo
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septicemia		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Appendicitis DUE TO (c) Malnutrition + Infection II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Carcinoma of Breast with metastases.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., to or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from July 1955 to 1956, that I last saw the deceased alive on 1-3, 1956, and that death occurred at 10:00 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) B. J. BASS MD	23b. ADDRESS SALEM Missouri	23c. DATE SIGNED 1/4/56
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1-5-56	24c. NAME OF CEMETERY OR CREMATORY Blackwell Cem	24d. LOCATION (City, town, or county) (State) Dent Co Mo
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DATE REC'D BY LOCAL REG. 1-5-56	REGISTRAR'S SIGNATURE Roy G. Mitchell	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 515 - [Signature] Salem Mo
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WRITE PLAINLY—USING UNFADING 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.....
Carl H. Johnson

Licensed Embalmer No. *2370*

P. O. Address *Salisbury*

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.