

FILED JUL 25 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24125

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 305

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>JOPLIN</b>		c. LENGTH OF STAY (in this place) (township) <b>1 1/2 HRS</b>	c. CITY OR TOWN <b>JOPLIN</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSPITAL</b>		STREET ADDRESS (If rural, give location) <b>3135 E. 7TH ST. 0495</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>EVERETT</b>		b. (Middle) <b>LEE</b>	c. (Last) <b>CHAMLEE</b>
4. DATE OF DEATH (Month) (Day) (Year) <b>JULY 14, 1956</b>	5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>
8. DATE OF BIRTH <b>OCT. 28, 1880</b>	9. AGE (In years last birthday) <b>75</b>	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) <b>RETIRED ELECTRICIAN</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>ELECTRICAL</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>GREENE COUNTY, MO.</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
13a. FATHER'S NAME <b>NICHOLAS CHAMLEE</b>	13b. MOTHER'S MAIDEN NAME <b>CELIA REBECCA COOK</b>	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>UNK</b>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>I. S. MINCKS, 814 PENN., JOPLIN, MO.</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Ventricular Tachycardia</b>		INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs. several yrs +</b>	
ANTECEDENT CAUSES		DUE TO (b) <b>Arteriosclerotic Ht. Dis.</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c)	
II. OTHER SIGNIFICANT CONDITIONS		<b>None</b>	
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"/> <b>4200</b>	
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 <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 <b>9:00 AM 7/14</b> , 19 <b>56</b> to <b>11:00 AM 7/14</b> , 1956, that I last saw the deceased alive on <b>7/14</b> , 1956 and that death occurred at <b>11:00 AM</b> from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>H. K. Wheman M.D.</b>		23b. ADDRESS <b>717 FRISCO BLDG. JOPLIN MO</b>	23c. DATE SIGNED <b>7/16/56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>7-16-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CLEAR CREEK CEMETERY,</b>	24d. LOCATION (City, town, or county) (State) <b>NEAR SPRINGFIELD, MO.</b>
DATE REC'D BY LOCAL REG. <b>7-17-56</b>	REGISTRAR'S SIGNATURE <b>Steve Parker</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 26 1956

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 F. M. Jones  
Licensed Embalmer No. 2311

P. O. Address Joplin

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.