

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 7 - 1956

State File No. **37542**
Registrar's No. **124**

BIRTH NO. _____		REG. DIST. NO. 109		PRIMARY REG. DIST. NO. 4180		REGISTRAR'S NO. 124	
1. PLACE OF DEATH a. COUNTY Dunklin				2. USUAL RESIDENCE (Where deceased lived. If institution/residence before admission): a. STATE Mo. b. COUNTY Butler			
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Campbell, Mo.		c. LENGTH OF STAY (in this place) 14 days		c. CITY OR TOWN Poplar Bluff,		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 Rest Home				e. STREET ADDRESS (If rural, give location) 510 Cynthia St. 0124			
3. NAME OF DECEASED (Type or Print) a. (First) Willaim b. (Middle) Alexander c. (Last) Chambers			4. DATE OF DEATH (Month) (Day) (Year) Nov. 1, 1956				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 9, 1867	
9. AGE (In years, then birthday) 89		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, except if retired) Retired Manuf.			10b. KIND OF BUSINESS OR INDUSTRY Handle Factory		11. BIRTHPLACE (City and State or Foreign Country) Schuyler Co. Mo.		12. CITIZEN OF WHAT COUNTRY? U.S. A.
13a. FATHER'S NAME Jeremiah Chambers			13b. MOTHER'S MAIDEN NAME Martha Wiseman		14. NAME OF HUSBAND OR WIFE Ida Mae Finley Gohn Chamb		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Ida Mae Chambers, Poplar Bluff, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
<p>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Asphyxiation					
		ANTECEDENT CAUSES					
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardiac Failure DUE TO (c) Cerebral hemorrhage					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 10-17 1956 , to 10-24 , 1956 , that I last saw the deceased alive on 10-31 , 1956 , and that death occurred at 9:30P m., from the causes and on the date stated above.							
23a. SIGNATURE W. M. Hopen				23b. ADDRESS Poplar Bluff, Mo.		23c. DATE SIGNED 11/2/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-3-56		24c. NAME OF CEMETERY OR CREMATORY Catholic Cem.		24d. LOCATION (City, town, or county) (State) Poplar Bluff, Mo.	
DATE REC'D BY LOCAL REG. 11-26-1956		REGISTRAR'S SIGNATURE Mrs. Beulah Chambers		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Frank-Cotrell Poplar Bluff, Mo.			

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

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RECEIVED DUNKLETT COUNTY, IA
DEPARTMENT 12-4-56
COUNTY FILE NUMBER 125.....

1256

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 *Francis M. Hill*

Licensed Embalmer No. 500.....

P. O. Address *Springfield, Mo.*

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.