THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

40861
STATE FILE NUMBER

FILED JAN 10 1957

Registration District No. 62 Primary Registration District No. 3240 Registrar's No. 2

1. PLACE OF DEATH
a. COUNTY Cedar
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington Twp. Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) 10 Miles N.W. Stockton Length of stay in Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Cedar
c. CITY OR TOWN Washington Twp. Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) 10 Miles N.W. Stockton Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: CHARLOTTIE Middle: (NONE) Last: CHAMBERS

4. DATE OF DEATH Month Day Year: Dec. 20, 1956

5. SEX: Female 6. COLOR OR RACE: White 7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: Feb. 6, 1881 9. AGE (In years last birthday): 75 IF UNDER 1 YEAR Months: 10 Days: 14 IF UNDER 24 HRS. 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: Own Home
11. BIRTHPLACE (City and state or country): St. Clair County, Mo.
12. CITIZEN OF WHAT COUNTRY? USA.

13. FATHER'S NAME: Timothy Gilbert
14. MOTHER'S MAIDEN NAME: Ann Ellerman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: John Chambers, El Dorado Springs, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Chronic Myocarditis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 4222
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from Dec - 1955 to Dec 1956 and last saw her alive on Dec 1956
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: G G Robinson (Degree or title) MD
22b. ADDRESS: Humansville, Mo.
22c. DATE SIGNED: 1/4/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-23-1956
23c. NAME OF CEMETERY OR CREMATORY: Caplinger Mills Cemetery
23d. LOCATION (City, town, or county) (State): Cedar County, Mo.

24. FUNERAL DIRECTOR: Carlton Funeral Home ADDRESS: Stockton Mo.
25. DATE RECD. BY LOCAL REG.: 1-5-57
26. REGISTRAR'S SIGNATURE: Geneva Garrison

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed John A. Carlton.....

Licensed Embalmer No. 4...

P. O. Address Stockton,

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