

Health, Welfare, Public Service

FILED JAN 21 1957

STANDARD CERTIFICATE OF DEATH

169

STATE FILE NUMBER

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 10

300  
1-560

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <b>Bates</b>				2. USUAL RESIDENCE (Where deceased lived. If Institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Bates</b>					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Butler Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Butler</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Butler Memorial Hospital</b>			Length of stay in 1b		d. STREET ADDRESS <b>400 N Havana St</b> (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) <b>Chester</b> <i>First</i>			<b>Arthur</b> <i>Middle</i>		<b>Chambers</b> <i>Last</i>		4. DATE OF DEATH Month <b>Jan</b> Day <b>15</b> Year <b>57</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Jul 10 1871</b>		9. AGE (In years last birthday) <b>85</b>		IF UNDER 1 YEAR Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>retired teacher</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>public Schools</b>		11. BIRTHPLACE (City and state or country) <b>Bates Co Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		
13. FATHER'S NAME <b>William Chambers</b>				14. MOTHER'S MAIDEN NAME <b>Philena ----</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO.		17. INFORMANT <b>Maude Chambers-Butler Mo.</b> Address <b>14 day</b>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pulmonary Embolism</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Post operative prostatect</b> DUE TO (c) <b>- only 2 weeks ago</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <b>General Senility</b>							INTERVAL BETWEEN ONSET AND DEATH <b>Sudden</b>		
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____									
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 <b>Dec 1 1956</b> to <b>Jan 15 1957</b> and last saw <b>him</b> alive on <b>Jan 15, 1957</b> Death occurred at <b>4:30 AM</b> m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <b>Carter W. Luter M.D.</b>				22b. ADDRESS <b>Butler Missouri</b>				22c. DATE SIGNED <b>1/15/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>1/17/57</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oakhill Cemetary</b>		23d. LOCATION (City, town, or county) <b>Butler Mo.</b>		(State)		
24. FUNERAL DIRECTOR <b>Culver Underwood-Butler Mo</b> ADDRESS				25. DATE RECD. BY LOCAL REG. <b>JAN. 15 - 1957</b>		26. REGISTRAR'S SIGNATURE <b>Kendall Korman</b>			

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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 *John J. Underwood* .....  
Licensed Embalmer No. 358

P. O. Address *Butler, Pa.*

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