

STANDARD CERTIFICATE OF DEATH

57.017980
STATE FILE NUMBER 17

FILED MAY 27 1957

Registration District No. 218 Primary Registration District No. 4330 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Mississippi				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Mississippi				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN East Prairie,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN East Prairie,		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Length of stay in 1b			d. STREET ADDRESS Main Street (If outside, give location) ¹⁶¹¹⁰ Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First William Middle Joseph Last Chambless				4. DATE OF DEATH April 19, 1957 Month Day Year				
5. SEX Male		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH December 13, 1883		
9. AGE (In years last birthday) 73		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) East Prairie, Missouri		
10c. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer		10d. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and state or country) East Prairie, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.		
13. FATHER'S NAME Unknown				14. MOTHER'S MAIDEN NAME Unknown				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown			16. SOCIAL SECURITY NO. 499-03-7551		17. INFORMANT Address Avery Chambless St. Louis, Missouri			
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 bronchitis & pneumonia						INTERVAL BETWEEN ONSET AND DEATH 2 months		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.						DUE TO (b)		
						DUE TO (c)		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
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 <input type="checkbox"/> 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 Feb 26 to Apr 19, 1957 and last saw ^{him} alive on Mar 14, 1957 . Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) M. Davis MD				22b. ADDRESS Charleston Mo.		22c. DATE SIGNED 5-18-57		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 4-21-57		23c. NAME OF CEMETERY OR CREMATORY Dogwood Cemetery		23d. LOCATION (City, town, or county) (State) North West, East Prairie, Mo.		
24. FUNERAL DIRECTOR Travis Shelby			ADDRESS East Prairie, Mo.		25. DATE RECD. BY LOCAL REG. 5-20-57		26. REGISTRAR'S SIGNATURE Gertrude L. Harper	

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

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RECEIVED
Miss. Co. Health Dept
County File No. _____
Date Filed 5-24-57

MAY 28 1957

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 Travis Shelby Jr

Licensed Embalmer No. 494

P. O. Address East Pr...

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.

Handwritten notes and signatures at the bottom of the page, including a large signature that appears to be "Robert H. Bentley" and some illegible scribbles.