

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED JUN 26 1957

STATE FILE NUMBER 021609

Registration District No. 175 Primary Registration District No. 3036 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <i>Laurens</i>				2. USUAL RESIDENCE (Where deceased lived. If institutional: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Laurens</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Aurora</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Aurora</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Aurora Hospital</i>				Length of stay in 1b		d. STREET ADDRESS <i>224 N. Delta St.</i>	
3. NAME OF DECEASED (Type or print) <i>GEORGE C. Chumbley</i>				4. DATE OF DEATH <i>June 12-1957</i>		Month Day Year	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>April 4, 1887</i>	
9. AGE (In years last birthday) <i>70</i>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Retired</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Lumber</i>		11. BIRTHPLACE (City and state or country) <i>Laurens Co. Mo. U.S.A.</i>	
13. FATHER'S NAME <i>Sam Chumbley</i>				14. MOTHER'S MAIDEN NAME <i>Mollie Goodman</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		16. INFORMANT Address <i>Mrs. Vera Chumbley, Aurora</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c.)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hemorrhage 6 days postoperative stage</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Adenocarcinoma - prostate</i> 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"/> <i>2</i>							
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 a. m. p. m.		Hour Month, Day, Year					
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 <i>1952</i> to <i>June 12/57</i> and last saw <del>her</del> <i>him</i> alive on <i>June 12-57</i> Death occurred at <i>12:40 A.</i> m on the date stated above, and to the best of my knowledge from the causes stated.							
22. SIGNATURE (Degree or title) <i>J. McCallum M.D.</i>				22b. ADDRESS <i>255 W. Madison Aurora Mo</i>		22c. DATE SIGNED <i>June 14/57</i>	
23. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <i>6-13-57</i>		23c. NAME OF CEMETERY OR CREMATORY <i>People Park</i>		23d. LOCATION (City, town, or county) (State) <i>Aurora, Mo</i>	
24. FUNERAL DIRECTOR <i>North Funeral Home</i>		ADDRESS <i>Aurora Mo</i>		25. DATE RECD. BY LOCAL REG. <i>6-18-57</i>		26. REGISTRAR'S SIGNATURE <i>Ora Mc Natt</i>	

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

MEDICAL CERTIFICATION

MAR 31 1958

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 Myself, Student Embalmer No. \_\_\_\_\_ working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed Osborn Shaw  
Licensed Embalmer No. 38.6  
P. O. Address Asheville

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.