Dept. Health, Ed., & Welfare U. S. Public Health Service

V. S. 300 Rev. 1-57

FILED JAN 2 1958

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

45305

STATE FILE NUMBER

Registration District No. 275 Primary Registration District No. 3053 Registrar's No. 250

1. PLACE OF DEATH
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Rolla — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): McFarland Nursing — Length of stay in 1b: 4 months

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri — b. COUNTY: Franklin
c. CITY OR TOWN: Pacific — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): None — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: CLEMENTINE — Middle: — Last: CHAMBERS

4. DATE OF DEATH: Month: December — Day: 19 — Year: 1957

5. SEX: Female

6. COLOR OR RACE: White

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: Aug. 10, 1870

9. AGE (In years last birthday): 87 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Nurse, retired

10b. KIND OF BUSINESS OR INDUSTRY: Hospital

11. BIRTHPLACE (City and state or country): England

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Richard Pearse

13b. MOTHER'S MAIDEN NAME: Jane Gurr

14. NAME OF HUSBAND OR WIFE: Ernest

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO

16. SOCIAL SECURITY NO.: None

17. INFORMANT Address: Mrs. Gertrude Alexander Pacific, Mo.

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): Hypostatic pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 48 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Cerebral Thrombosis — 4 Months

DUE TO (c):

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 332X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

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 Aug 9, 57, to Dec 19, 57 and last saw her/him alive on Dec 17, 57. Death occurred at 10:30 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James M. Myers M.D.

22b. ADDRESS: Rolla, Mo.

22c. DATE SIGNED: 12/23/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal

23b. DATE: Dec. 20, 1957

23c. NAME OF CEMETERY OR CREMATORY: Walnut Grove Cemetery

23d. LOCATION (City, town, or county) (State): Boonville, Missouri

24. FUNERAL DIRECTOR ADDRESS: Thieves Funeral Home By Paul E. Null Pacific, Mo.

25. DATE RECD. BY LOCAL REG.: Dec. 23, 1957

26. REGISTRAR'S SIGNATURE: Nadine L. Stoll

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

380-0

RECEIVED
Phelps County Health Officer,
County File Number 927
Date Filed 12/31/57

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 Paul E. Null

Licensed Embalmer No. 4498

P. O. Address Rolla, 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.