

Health,  
& Welfare  
Public  
Service

300  
1-57

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

1615  
STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <b>JASPER</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JASPER</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>JOPLIN</b>		c. CITY OR TOWN <b>JOPLIN</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR ST. JOHN'S HOSP.		d. STREET ADDRESS <b>1910 GRAND AVE.</b>	
Length of stay in lb <b>30 YRS</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>JOHN</b> Middle <b>W.</b> Last <b>CHAMBERS</b>			4. DATE OF DEATH Month <b>JANUARY</b> Day <b>26</b> , Year <b>1958</b>		
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5. SEX <b>M</b>	6. COLOR OR RACE <b>W</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>DEC. 4, 1887</b>	9. AGE (In years last birthday) <b>70</b>	10. UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	11. UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED MECHANIC</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>AUTO</b>		11. BIRTHPLACE (City and state or country) <b>CARTHAGE, TENN.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
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13a. FATHER'S NAME <b>ELISHA CHAMBERS</b>		13b. MOTHER'S MAIDEN NAME <b>ROXIE BARTON</b>		14. NAME OF HUSBAND OR WIFE <b>DORA L. BERRY CHAMBERS</b>	
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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. <b>UNK</b>		17. INFORMANT <b>MRS. DORA L. CHAMBERS, 1910 GRAND AVE.</b>	
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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>Cerebral apoplexy</b>			INTERVAL BETWEEN ONSET AND DEATH <b>1 wk.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>arteriosclerosis</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) <b>334X</b>			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.)		
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		
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20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <b>JOPLIN</b>		COUNTY <b>MO</b> STATE <b>MO</b>	
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21. I attended the deceased from Jan 22 1958 to Jan 26 1958 and saw her alive on 1/28/58  
Death occurred at Johns Hopkins in the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>A. L. Crawford</b> (Degree or title)		22b. ADDRESS <b>Joplin Mo</b>		22c. DATE SIGNED <b>1/28/58</b>	
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23a. BURIAL, CREMATION, OR OTHER DISPOSITION (Specify) <b>BURIAL</b>		23b. DATE <b>1-29-58</b>		23c. NAME OF CEMETERY OR CREMATORY <b>OZARK MEMORIAL PARK,</b>		23d. LOCATION (City, town, or county) (State) <b>JOPLIN, MISSOURI</b>	
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24. FUNERAL DIRECTOR <b>STEVE PARKER MORTUARY, JOPLIN, MO.</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>Jan 31-1958</b>		26. REGISTRAR'S SIGNATURE <b>Dore Merriam</b>	
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

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.

RECEIVED FEB 5 - 1958  
Jasper County Health Office

County File Number 117

Date Filed FEB 5 - 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 ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed F M Jones .....

Licensed Embalmer No. 2319 .....

P. O. Address Joplin 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.