

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028641

STATE FILE NUMBER

FILED SEP 3 1958

Registration District No. 88

Primary Registration District No. 5327

Registrar's No. 27

1. PLACE OF DEATH a. COUNTY CRAWFORD			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI - b. COUNTY CRAWFORD		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN UNION TOWNSHIP		Inside Limits Yes <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN RURAL		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7 MI. W.-STEEVILLE		Length of stay in 1b 77 YRS.	d. STREET ADDRESS (If outside, give location) 7 MI. W.-STEEVILLE		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JAMES THOMAS CHUMLEY			4. DATE OF DEATH Month Day Year AUG. 21-1958		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH OCT. 14-1880	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days Hours Min. 77
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING	11. BIRTHPLACE (City and state or country) CRAWFORD COUNTY, MO.		12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME WILLIAM CHUMLEY			14. MOTHER'S MAIDEN NAME MARTHA GRAYSON		
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. ROSELLA CHUMLEY-STEEVILLE, MO.		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)]					INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock					2 min
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					
DUE TO (b) Cachexia					2 mos
DUE TO (c) Probable cancer of stomach					unknown
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) arteriosclerosis					
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 Sept. 5 7 to 21 Aug 58 and last saw ^{her} him alive on 21 Aug 58 Death occurred at 9:30 ^{pm} on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Ronald Van Arsdell MD.			22b. ADDRESS Bourbon, Mo.		22c. DATE SIGNED 27 Aug 58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 8-23-1958	23c. NAME OF CEMETERY OR CREMATORY BARNICLE CHAPEL	23d. LOCATION (City, town, or county) (State) CRAWFORD COUNTY, MO.		
24. FUNERAL DIRECTOR ADDRESS Thomas S. Halbert-STEELVILLE, MO.		25. DATE RECD. BY LOCAL REG. 8/28/58	26. REGISTRAR'S SIGNATURE Mrs. Hazel Lichius		

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service
300-1-56
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

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 *Thomas S. Halberstam*

Licensed Embalmer No. *433*

P. O. Address *STEELVILLE*

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.