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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-045290
STATE FILE NUMBER

FILED DEC 19 1958 Registration District No. 311 Primary Registration District No. 4456 Registrar's No. 43

1. PLACE OF DEATH
a. COUNTY St Clair
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) Appleton City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Ellett Memorial Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY St Clair
c. CITY OR TOWN Appleton City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 315 E 3rd St. — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Mary Middle Last Chambers

4. DATE OF DEATH Month Dec Day 11 Year 1958

5. SEX F 6. COLOR OR RACE W 7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐ 8. DATE OF BIRTH Sept-24-1875 9. AGE (In years last birthday) 83 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) Post Mistress 10b. KIND OF BUSINESS OR INDUSTRY Retired 11. BIRTHPLACE (City and state or country) St. Clair County 12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME Thomas Chambers 13b. MOTHER'S MAIDEN NAME Margaret Breckenridge 14. NAME OF HUSBAND OR WIFE —

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. 17. INFORMANT Mrs. T.C. Wettmer Address 200 E 44th Kansas City, 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) Diabetes mellitus
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 260X
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

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 Oct 1958, to 11 Dec 58 and last saw her/him alive on 11 Dec 58
Death occurred at 2:00 PM m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE [illegible] (Degree or title) MD 22b. ADDRESS Appleton City 22c. DATE SIGNED 12 Dec 58

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Dec-13-1958 23c. NAME OF CEMETERY OR CREMATORY Appleton City Cemetery 23d. LOCATION (City, town, or county) Appleton City (State) Mo.

24. FUNERAL DIRECTOR Melvin L. Janssens ADDRESS Appleton City 25. DATE RECD. BY LOCAL REG. Dec. 13, 1958 26. REGISTRAR'S SIGNATURE Cleo Abney

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

JUN 5 1958

VS DEC 4 1959

VS JAN 6 1960

VS DEC 1 8 1959

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 Melvin L. Jaussen

Licensed Embalmer No. 4589

P. O. Address Appleton (Cit

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.