

VIRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-033093

FILED VS OCT 2 1959

STATE FILE NUMBER

Registration District No. 212 Primary Registration District No. 3044 Registrar's No. 26

ENDED

1. PLACE OF DEATH a. COUNTY Miller		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Miller	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Eldon	Length of stay in 1b 9 Years	c. CITY OR TOWN Eldon	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 929 South Aurora		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 929 South Aurora

3. NAME OF DECEASED (Type or print) First Middle Last George Albert Chamblin			4. DATE OF DEATH Month Day Year September 14, 1959		
5. SEX Male	6. COLOR OR RACE Caucasian	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-5-1885	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Wire Chief, Ret.	10b. KIND OF BUSINESS OR INDUSTRY Bell Telephone	11. BIRTHPLACE (City and state or country) Higginsville, Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Robert L. Chamblin	13b. MOTHER'S MAIDEN NAME Eliza vivian	14. NAME OF HUSBAND OR WIFE Alpha Chamblin
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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) No	16. SOCIAL SECURITY NO. Unavailable	17. INFORMANT Address Mrs. Alpha Chamblin, Eldon, Mo.
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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) Carcinoma of pancreas		INTERVAL BETWEEN ONSET AND DEATH 1 yr
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (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)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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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 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
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21. I attended the deceased from 8-4-59 to 9-14-59 and last saw him alive on 9-9-59 Death occurred at 1:30 a.m. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Carl T. Phillips, M.D.	22b. ADDRESS Eldon Mo	22c. DATE SIGNED 9-15-59
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 9-16-59	23c. NAME OF CEMETERY OR CREMATORY Versailles Cemetary	23d. LOCATION (City, town, or county) (State) Versailles, Missouri
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24. FUNERAL DIRECTOR ADDRESS Louis D. Phillips, Eldon, Mo.	25. DATE RECD. BY LOCAL REG. Sept. 16, 1959	26. REGISTRAR'S SIGNATURE Alveretta Wolf
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DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

REC 22 1959

OCT 20 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 Don E. Phillips, Student Embalmer No. 583

working under my personal supervision.

Student Don E. Phillips
Signature of Student Embalmer

Signed Louis H. Phillips

Licensed Embalmer No. 3663

P. O. Address Edon

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.