

UNION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS FEB 23 1960

-60-005629

STATE FILE NUMBER

Registration District No. 82 Primary Registration District No. 3017 Registrar's No. 28

ENDED

1. PLACE OF DEATH a. COUNTY <u>Cooper</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cooper</u>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Boonville</u>		Length of stay in 1b <u>All of life</u>		c. CITY OR TOWN <u>Boonville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Joseph Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>1115 Third St.</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) <u>Ruth</u> First <u>Chambers</u> Middle Last				4. DATE OF DEATH Month <u>February</u> Day <u>15</u> Year <u>1960</u>									
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <u>July 20/1882</u>		9. AGE (last birthday) <u>77</u>		IF UNDER 1 YEAR Months Days		IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housekeeper</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and state or country) <u>Boonville, Mo.</u>			12. CITIZEN OF WHAT COUNTRY <u>USA</u>					
13a. FATHER'S NAME <u>George Edward Chambers</u>				13b. MOTHER'S MAIDEN NAME <u>Maria Adams Bacon</u>				14. NAME OF HUSBAND OR WIFE <u>-----</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, <u>NO</u> unknown) (If yes, give war or dates of service)				16. SOCIAL SECURITY NO. <u>-----</u>		17. INFORMANT <u>Miss Alice Mary Chambers, Boonville, Mo.</u> Address							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Bronchopneumonia LLL</u>										INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) <u>Dehydration - chronic congestive heart failure</u>								<u>60 days</u>			
		DUE TO (c) <u>Arteriosclerotic heart disease</u>								<u>2-2-57</u>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>None</u>										PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown			
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.)									
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					
21. I attended the deceased from <u>2-22-57</u> to <u>2-15-60</u> and last saw her/him alive on <u>2-15-60</u> Death occurred at <u>1120 Ave</u> on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Deceased or wife) <u>William C. Welch, MD</u>				22b. ADDRESS <u>Boonville, Mo. 329 Main Street</u>				22c. DATE SIGNED <u>2/18/60</u>					
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb. 17/1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Walnut Grove</u>		23d. LOCATION (City, town, or county) (State) <u>Boonville, Missouri.</u>							
24. FUNERAL DIRECTOR <u>Goodman & Boller, Boonville, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>2/18/60</u>		26. REGISTRAR'S SIGNATURE <u>De Hooper</u>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1960

8 JUN

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 G. F. Boller

Licensed Embalmer No. 3062

P. O. Address Boonville, 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.