

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

61-025667
STATE FILE NUMBER

AMENDED

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 144

FILED JUL 25 1961

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE KANSAS b. COUNTY JOHNSON	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CARTHAGE		c. CITY OR TOWN LEAWOOD, KNASAS	
Length of stay in 1b 5 DAYS		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MCCUNE BROOKS HOSP.		d. STREET ADDRESS (If outside, give location) LEAWOOD, KNASAS	
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 Middle Last DR. ARTHUR BOARD CHALMERS			4. DATE OF DEATH Month Day Year JULY 19 1961
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 4-18-91
9. AGE (last birthday) 70		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) DENTIST		10b. KIND OF BUSINESS OR INDUSTRY DENTIST	
11. BIRTHPLACE (City and state or country) APPELTON CITY, Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME ALFRED KNAPP CHALMERS		13b. MOTHER'S MAIDEN NAME JULIA BOARD	
14. NAME OF HUSBAND OR WIFE ESTER MARY CHALMERS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W. # 1		16. SOCIAL SECURITY NO. UNKNOWN	
17. INFORMANT ALFRED CHALMERS-WASHINGTON D.C.		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) 1: Contusion & lacerations of the brain; skull fracture-? DUE TO (b) 2: Chest trauma, fractured ribs probable DUE TO (c) 3: Fracture of nose 4: Multiple bruises & lacerations 5: Questionable other fractures			INTERVAL BETWEEN ONSET AND DEATH 5 days 5 days 5 days 5 days
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
19. WAS AUTOPSY PERFORMED? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) Automobile collision (7/14/61)	
20c. TIME OF INJURY Hour 1:30 Month, Day, Year 7/14/61 p.m.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway	
20f. CITY, TOWN, OR LOCATION near Carthage		COUNTY STATE Jasper Missouri	
21. I attended the deceased from 7/14/61 to 7/19/61 and last saw him alive on 7/19/61 Death occurred at 6:00P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>W Russell Smith</i> M.D.		22b. ADDRESS CARTHAGE, MISSOURI	
22c. DATE SIGNED 7-20-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	23b. DATE 7-22-61	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	23d. LOCATION (City, town, or county) (State) near Kansas City, Mo
24. FUNERAL DIRECTOR ULMER FUNERAL HOME-CARTHAGE, MO.		25. DATE RECD. BY LOCAL REG. 7-20-61	26. REGISTRAR'S SIGNATURE <i>W Russell Smith</i>

AUG 3 1961

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 Lavett

Licensed Embalmer No. 5121

P. O. Address Cathay, 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.