ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

RTMENT OF PUBLIC HEALTH AND WELFARE

-61-031915
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 961

AMENDED

FILED OCT 2 1961

1. PLACE OF DEATH
a. COUNTY Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph
Length of stay in 1b: 17 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Missouri Methodist Hosp.
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Buchanan
c. CITY OR TOWN St. Joseph
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 1818 Savannah Ave.
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First FREDERICK Middle Last CHAMBERS

4. DATE OF DEATH: Month Day Year: September 17, 1961

5. SEX: male
6. COLOR OR RACE: white
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 11/12/1880
9. AGE (last birthday): 80
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): retired farmer
10b. KIND OF BUSINESS OR INDUSTRY: farm
11. BIRTHPLACE (City and state or country): Cosby, Missouri
12. CITIZEN OF WHAT COUNTRY: USA

13a. FATHER'S NAME: Louis Chambers
13b. MOTHER'S MAIDEN NAME: Amanda Kearns
14. NAME OF HUSBAND OR WIFE: Sallie Chambers

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. 498-24-5488
17. INFORMANT Address: Melvin Chambers, 2602 Union, St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Myocardial Infarct — INTERVAL BETWEEN ONSET AND DEATH: 7 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary disease
DUE TO (c) Arteriosclerotic cardio-vascular disease

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. ☐ Yes ☐ No ☐ Unknown

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 9-16-61, to 9-17-61 and last saw ~~her~~ him alive on 9-16-61
Death occurred at 3:30 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): C.S. Grant M.D.
22b. ADDRESS: St. Joseph Mo
22c. DATE SIGNED: 9.25.61

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 9/20/1961
23c. NAME OF CEMETERY OR CREMATORY: Thornton Cemetery
23d. LOCATION (City, town, or county) (State): Clinton County Mo.

24. FUNERAL DIRECTOR ADDRESS: Heston-Bowman, St. Joseph, Mo.
25. DATE RECD. BY LOCAL REG.: Sept. 28, 1961
26. REGISTRAR'S SIGNATURE: Mrs. Clark Goodall

(Licensed Embalmer's Statement on Reverse Side)

MEDICAL CERTIFICATION

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Eugene Wood

Licensed Embalmer No. 3804

P. O. Address 319 Duluth, Minn.

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.