

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

23271

State File No.

No. 300
10-48

FILED JUL 29 1949

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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BIRTH NO. _____		REG. DIST. NO. <u>1244</u>		PRIMARY REG. DIST. NO. <u>5562</u>		Registrar's No. <u>13</u>	
1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Ascadian</u>		c. LENGTH OF STAY (in this place) <u>1 yr. 1 mo. 22 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>1 1/2 miles East on Highway 70</u>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>The Home for aged Baptists</u>				d. STREET ADDRESS (If rural, give location) <u>Acadia Rural</u>			
3. NAME OF DECEASED (Type or Print) <u>Miss Alice Chambers</u>			a. (First) _____ b. (Middle) _____ c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>July 26, 1949</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>July 31, 1868</u>		9. AGE (If years last birthday) <u>80</u>	UNDER 1 YEAR Months _____ Days _____	IF UNDER 1 WEEK Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Keeper private homes</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>Cole County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>N. M. Chambers</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Harkins</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. D. Busney, Ironton, Mo.</u> ADDRESS _____			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7-26-49</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u>					?	
	DUE TO (c) _____					33ix	
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>senility</u>					?	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>7-1</u> , 19 <u>49</u> , to <u>7-26</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>7-26</u> , 19 <u>49</u> , and that death occurred at <u>7 A. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>(J. D. Busney) M.D.</u>				23b. ADDRESS <u>118 N. Main St. Ironton, Mo.</u>		23c. DATE SIGNED <u>7-26-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) _____		24b. DATE <u>July 28, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lamar, Mo.</u>		24d. LOCATION (City, town, or county) (State) <u>Lamar, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>July 26-49</u>		REGISTRAR'S SIGNATURE <u>Miss Arin Jones</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>White Funeral Home, Ironton, Mo.</u>		ADDRESS _____	

RECEIVED 7-28-49
District Health Officer No. 4
District File Number 749-1008
Date Filed _____

[Faint handwritten notes]

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.

Signed _____

[Handwritten signature: Lyle A. White]

Licensed Embalmer No. 4295

Signed _____
Student Embalmer

P. O. Address *[Handwritten: Denton 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 this body is not embalmed, fact should be so stated above.