

No. 300  
10.48

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

FILED MAR 17 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7644

State File No. ....

BIRTH NO. _____		REG. DIST. NO. <u>38</u>		PRIMARY REG. DIST. NO. <u>5118</u>		Registrar's No. <u>73</u>	
1. PLACE OF DEATH a. COUNTY <u>Boone</u>				2. USUAL RESIDENCE (Where deceased lived; If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia Mo</u>			c. LENGTH OF STAY (in this place) <u>43 Years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Columbia Missouri Township</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 3</u>				d. STREET ADDRESS (If rural, give location) <u>Route 3</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>SOPHRONIA</u>		b. (Middle) <u>ELIZABETH</u>		c. (Last) <u>CHAMBERS</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Oct. 17, 1865</u>	
9. AGE (in years last birthday) <u>84</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Elston, Missouri</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>Pryor Leach</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Howard</u>			14. NAME OF HUSBAND OR WIFE <u>Charles Owen Chambers</u>	
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 ADDRESS <u>George Edward Chambers, Columbia, Mo.</u>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock following a fall</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Old Age, Patient also</u> DUE TO (c) <u>had heart disease (valvular)</u> 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>010</u>			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.) <u>midway mo</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>midway mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Mar 1 50 m.</u>	
21d. TIME OF INJURY		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Mar 1<sup>st</sup></u> , 19 <u>50</u> , to <u>Mar 7<sup>th</sup></u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Mar 6</u> , 19 <u>50</u> , and that death occurred at <u>4 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Lloyd Simpson M.D.</u>				23b. ADDRESS <u>Columbia, Mo.</u>		23c. DATE SIGNED <u>Mar 8</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Mar. 9, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Elston Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Elston, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Mar. 9 1950</u>		REGISTRAR'S SIGNATURE <u>Mrs. R E Palmer</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Parson Funeral Service</u>		ADDRESS <u>Columbia, Mo.</u>	

District File Number  
District Health Officer No. 9  
RECEIVED MAR 13 1950

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 \_\_\_\_\_  
Student Embalmer

Signed

*M. W. Whitesides*

Licensed Embalmer No. \_\_\_\_\_

*3893*

P. O. Address \_\_\_\_\_

*Columbia 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.