

# STANDARD CERTIFICATE OF DEATH

State File No. **29786**

FILED OCT 11 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **73** PRIMARY REG. DIST. NO. **304** Registrar's No. **66**

1. PLACE OF DEATH a. COUNTY <b>Clay</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Clay</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Liberty</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Liberty</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>22 Brown Street</b>		d. STREET ADDRESS (If rural, give location) <b>22 Brown Street</b>	

3. NAME OF DECEASED a. (First) <b>AARON</b> b. (Middle) <b>Herburn</b> c. (Last) <b>Chamblen</b>			4. DATE OF DEATH (Month) <b>Sept</b> (Day) <b>30</b> (Year) <b>1950</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>February 23, 1891</b>	9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 MIN. Hours	IF UNDER 1 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Section Foreman</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Railroad</b>		11. BIRTHPLACE (State or foreign country) <b>Polo, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		

13a. FATHER'S NAME <b>James M. Chamblen</b>	13b. MOTHER'S MAIDEN NAME <b>Jane Brown</b>	14. NAME OF HUSBAND OR WIFE <b>Iva Graham</b>
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15. WAS DECEASED EVER IN U.S. ARMY, NAVY, AIR FORCE, MARINE CORPS, OR COAST GUARD (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>707-10-8681</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Betty Chamblin, Liberty, Mo</b>	ADDRESS _____
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Bronchogenic Carcinoma</b>		INTERVAL BETWEEN ONSET AND DEATH  <b>2 yrs</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>Inoperable bronchogenic Ca</b>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from **Feb 1949** to **9-29, 1950**, that I last saw the deceased alive on **9-28, 1950** and that death occurred at **3:25 AM**, from the causes and on the date stated above.

23a. SIGNATURE <b>James H. Kilbough M.D.</b>	(Degree or title)	23b. ADDRESS <b>Liberty, Mo</b>	23c. DATE SIGNED <b>9-30-50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Oct. 3, 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Mt. Washington Cem.</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>Oct. 2 - 1950</b>	REGISTRAR'S SIGNATURE <b>Minnie Haynes</b>	64	25. FUNERAL DIRECTOR'S SIGNATURE <b>Tyler - Barclay</b>	ADDRESS <b>Liberty, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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1950 11 100

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 Charles F. Tebb

Licensed Embalmer No. 4934

P. O. Address Liberty 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.