

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29978

State File No. _____

No. 300
10.48

FILED OCT 9 1950

Registrar's No. 859

BIRTH NO. _____		REG. DIST. NO. 128		PRIMARY REG. DIST. NO 2000		Registrar's No. 859	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY OR TOWN <u>Springfield</u>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1202 N Sherman</u>				d. STREET ADDRESS (If rural, give location) <u>1202 N Sherman St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Beckie</u> b. (Middle) <u>Lovonia</u> c. (Last) <u>Chamberlain</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 30 1950</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Sept 28th 1875</u>		9. AGE (In years last birthday) <u>75</u>	10 UNDER 1 YEAR Months <u>0</u> Days <u>2</u>	11 UNDER 1 MIN. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		
13a. FATHER'S NAME <u>Frank Nathan Wolkard</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Suzzie</u>		14. NAME OF HUSBAND OR WIFE <u>Jesse Chamberlain</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jesse Chamberlain 1202 N Sherman</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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Myocardial Insufficiency</u> 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. <u>422v</u>						INTERVAL BETWEEN ONSET AND DEATH
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____					20. AUTOPSY? YES <input type="checkbox"/> NO <input 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>Jan</u> , 19 <u>48</u> , to <u>Sept 30</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>Sept 28</u> , 19 <u>50</u> , and that death occurred at <u>1:15 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Lynnian D. Brown - M.D.</u>			23b. ADDRESS <u>307 1/2 College Springfield, Mo.</u>			23c. DATE SIGNED <u>10/2/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>10-4-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hazel Wood</u>		24d. LOCATION (City, town, or county) (State) <u>Springfield Mo.</u>			
DATE REC'D BY LOCAL REG. <u>10-2-50</u>	REGISTRAR'S SIGNATURE <u>W.E. Handley</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.D. W.P. Campbell 825 N Washington</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

396
p

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.....

W. P. Campbell

Signed.....

Student Embalmer

Licensed Embalmer No.

1747

P. O. Address.....

Springfield, 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.