

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7801

BIRTH NO. _____ REG. DIST. NO. 61 PRIMARY REG. DIST. NO. 4107 Registrar's No. 9

1. PLACE OF DEATH a. COUNTY <u>Cedar</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>Cedar</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>El Dorado Spgs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>El Dorado Springs</u>	
c. LENGTH OF STAY (in this place) <u>10 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>210 Hightower</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Chamber Emg Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>MARGARET DELLAH CHAMBERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2 / 27 / 1951</u>		
a. (First)	b. (Middle)	c. (Last)			

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>1/27/1870</u>	9. AGE (In years last birthday) <u>81</u>	10. MONTHS <u>1</u>	11. DAYS <u>27</u>	12. HOURS <u>8</u>	13. MINUTES <u>15</u>
-------------------------	----------------------------------	--	--------------------------------------	--	------------------------	-----------------------	-----------------------	--------------------------

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>Jefferson, St Clair Co, MO</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	-----------------------------------	--	--

13a. FATHER'S NAME <u>Thomas B. Freeman</u>	13b. MOTHER'S MAIDEN NAME <u>Martha Gore Alexander</u>	14. NAME OF HUSBAND OR WIFE
--	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Martha Chambers</u>	ADDRESS <u>210 Hightower El Dorado Spgs, MO</u>
---	--	---	--

18. CAUSE OF DEATH Enter 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		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Physical Exhaustion</u>	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		6 wks
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (b) <u>Intestinal Obstruction</u>		?
	DUE TO (c) <u>Illis ceal Carcinoma</u>		153 X

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)	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 Jan 15, 1951 to Feb 26, 1951, that I last saw the deceased alive on Feb 25, 1951, and that death occurred at 5 a m., from the causes and on the date stated above.

23a. SIGNATURE <u>Chamberworth</u>	(Degree or title) <u>D.O.</u>	23b. ADDRESS <u>El Dorado Spgs, Mo.</u>	23c. DATE SIGNED <u>2-27-51</u>
---------------------------------------	----------------------------------	--	------------------------------------

24a. BURIAL, CREMATION REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2/28/51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Osceola</u>	24d. LOCATION (City, town, or county) (State) <u>Osceola MO</u>
---	-----------------------------	--	--

DATE REC'D BY LOCAL REG. <u>2/27/51</u>	REGISTRAR'S SIGNATURE <u>George W. Nafus</u>	418	25. FUNERAL DIRECTOR'S SIGNATURE <u>Nafus Funeral Home</u>	ADDRESS <u>El Dorado Spgs</u>
--	---	-----	---	----------------------------------

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

2201

0201

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAR 13 1951

Dist. File 357-552

Date Filed 3-15-51

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed George W. Nafus

Licensed Embalmer No. 2752

P. O. Address El-Dorado Spgs

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.