No. 300
10.48

FILED OCT 3 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 30691

BIRTH NO. _____ REG. DIST. NO. 172 PRIMARY REG. DIST. NO. 3034 Registrar's No. _____

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

1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Higginsville
c. LENGTH OF STAY (in this place): Life time
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 106 Fairground

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Higginsville 0541
d. STREET ADDRESS (If rural, give location): 106 Fairground

3. NAME OF DECEASED (Type or Print)
a. (First): Nannie
b. (Middle): B.
c. (Last): Chamblin

4. DATE OF DEATH (Month) (Day) (Year): Sept. 25 1951

5. SEX: F 1
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept. 3, 1882
9. AGE (In years last birthday): 99 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): House Keeper
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George W. Vivion
13b. MOTHER'S MAIDEN NAME: Mary Ellen Walker
14. NAME OF HUSBAND OR WIFE: George A. Chamblin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Osborne Chamblin — ADDRESS: Higginsville

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, asthenia, 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)	Cachexia	2 wks.
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Malnutrition	1 month
DUE TO (c)	Old age	
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*		794X

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Jan. 1949, *to* Sept., 1951, *that I last saw the deceased alive on* 24 Sept., 1951, *and that death occurred at* 6:15 a m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Robert B. Best M.D.O
23b. ADDRESS: Higginsville Mo.
23c. DATE SIGNED: 9/25/51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL U
24b. DATE: 9-27-51
24c. NAME OF CEMETERY OR CREMATORY: HIGGINSVILLE CEME.
24d. LOCATION (City, town, or county) (State): HIGGINSVILLE, Mo.

DATE REC'D BY LOCAL REG.: Sept 25-1951
REGISTRAR'S SIGNATURE: Clayton W. Landrum 154
25. FUNERAL DIRECTOR'S SIGNATURE: EARP & SONS — ADDRESS: Kansas City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 10-2-51
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 10-2-51

OCT 24 1951

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 William H. Cayer

Signed
Student Embalmer

Licensed Embalmer No. 4728

P. O. Address K. C. 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.