No. 300
10.48

FILED APR 22 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 12525

BIRTH NO. _____ REG. DIST. NO. 116 PRIMARY REG. DIST. NO. 3020 Registrar's No. 56

362 U

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

1. PLACE OF DEATH
a. COUNTY: Franklin
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Washington
c. LENGTH OF STAY (in this place): 18 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Francis Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Warren
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): New Truxton 1090
d. STREET ADDRESS (If rural, give location): R.R. #1 Box 34

3. NAME OF DECEASED (Type or Print)
a. (First): Fannie
b. (Middle): Cobb
c. (Last): Chambers

4. DATE OF DEATH (Month) (Day) (Year): April 12, 1952

5. SEX: female
6. COLOR OR RACE: white
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): married
8. DATE OF BIRTH: Mar. 15, 1886
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months / Days 28 — IF UNDER 24 HRS.: Hours / Min.

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

13a. FATHER'S NAME: Bruce Eddings
13b. MOTHER'S MAIDEN NAME: Fannie Cobb
14. NAME OF HUSBAND OR WIFE: Martin L. Chambers

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.: none
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Martin L. Chambers, New Truxton, Mo.

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion acute — INTERVAL BETWEEN ONSET AND DEATH: 10 min

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Chronic Myocarditis severe — unknown
DUE TO (c) Pulmonary embolism right — 17 days

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*
lower lobe — lobe
Pneumonia ~~[illegible]~~ — 15 days

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: right side
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? 490 X

22. *I hereby certify that I attended the deceased from _____, 1950, to April 12, 1952, that I last saw the deceased alive on April 11, 1952, and that death occurred at 5:15 p.m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Harold Hoelscher MD
23b. ADDRESS: Warrenton Mo
23c. DATE SIGNED: 4-13-52

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 41-16-52
24c. NAME OF CEMETERY ~~OR CREMATORY~~: Fulton
24d. LOCATION (City, town, or county) (State): Fulton, Kentucky

DATE REC'D BY LOCAL REG.: April 15, 1952
REGISTRAR'S SIGNATURE: F.S. Huehmann by L.S. Huehmann 99-0
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: F.W. Nieburg & Co., Warrenton, Mo.

(Licensed Embalmer's Statement on Reverse Side)

APR 26 1972

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 John T. Luebing

Signed.....
Student Embalmer

Licensed Embalmer No. J3897

P. O. Address Warrenton, 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.