

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27175

State File No.

BIRTH NO. REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 949

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u> ⁰¹¹⁷		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Dominion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edward</u> ^{81 7 8}	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Joseph's Hospital</u>		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) <u>GRACE</u>		c. (Last) <u>CHAMBERS</u>	
4. DATE OF DEATH <u>SEPT. 7 1952</u>		(Month) (Day) (Year)	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>NEGRO</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 7, 1895</u>
9. AGE (In years last birthday) <u>57</u>	10. IF UNDER 1 YEAR Days	11. IF UNDER 1 YEAR Hours	12. IF UNDER 1 YEAR Min.
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Domestic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	
11. BIRTHPLACE (State or foreign country) <u>Oregon, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Edward Willis</u>		13b. MOTHER'S MAIDEN NAME <u>Minnie Hall</u>	
14. NAME OF HUSBAND OR WIFE <u>Robert M. Chambers</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert M. Chambers</u> ADDRESS <u>Edward</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>Cerebral Thrombosis</u> <u>Central Nervous System (meningo-vascular) Les.</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Luetic Heart Disease</u> DUE TO (c) <u>with pulmonary congestion</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Obesity</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
20. AUTOPSY? YES ☐ NO ☒		21. HOW DID INJURY OCCUR? <u>023X</u>	
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) (Min.)	
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 <u>Sept 7, 1952</u> , to <u>9-7, 1952</u> , that I last saw the deceased alive on <u>9-7, 1952</u> , and that death occurred at <u>8:45 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Thompson E. Potter M.D.</u>		23b. ADDRESS <u>731 Farnon St. St. Joseph 54, Mo.</u>	
23c. DATE SIGNED <u>Sept. 7, 1952</u>		23d. LOCATION (City, town, or county) (State) <u>Wathena, Kans</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Sept 7-1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Bell Mount</u>		24d. LOCATION (City, town, or county) (State) <u>Wathena, Kans</u>	
DATE REC'D BY LOCAL REG. <u>Sept 10, 1952</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>J. T. Miles</u>		ADDRESS <u>Atchison, Kans</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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

J. T. Miles

Licensed Embalmer No. *3446*

P. O. Address *Alatison Kan*

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.