

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27814

State File No. _____

Registrar's No. 117

No. 300
10-48

FILED AUG 22 1952

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021

1. PLACE OF DEATH a. COUNTY Grundy 0402		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MO b. COUNTY Grundy 0402	
b. CITY (If outside corporate limits, write RURAL and give township) Trenton		c. CITY (If outside corporate limits, write RURAL and give township) Trenton	
c. LENGTH OF STAY (In this place) 12 years.		d. STREET ADDRESS (If rural, give location) 200 E 4th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 200 E 4th St.			

3. NAME OF DECEASED a. (First) Lester			b. (Middle) Chumbley		c. (Last) Chumbley		4. DATE OF DEATH (Month) (Day) (Year) Aug 11 1952								
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAR 4 1896		9. AGE (In years last birthday) 56		10. IF UNDER 1 YEAR Days 5		11. IF UNDER 1 HR. Hours 7		12. MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming				10b. KIND OF BUSINESS OR INDUSTRY Agriculture				11. BIRTHPLACE (State or foreign country) Livingston Co, Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME William Chumbley				13b. MOTHER'S MAIDEN NAME NORA STEVENS				14. NAME OF HUSBAND OR WIFE Letha SHARP Chumbley							

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) World War I 493-18-0469		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
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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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma of Prostate with metastases to Liver and Bladder						INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbidity 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.							

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)		177X	
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 _____, 1952, to _____, 1952, that I last saw the deceased alive on _____, 1952, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Oliver F. Duffy, M.D.		23b. ADDRESS Trenton, Mo.		23c. DATE SIGNED Aug 11 1952			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 13 Aug 1952		24c. NAME OF CEMETERY OR CREMATORY Maple Grove cemetery		24d. LOCATION (City, town, or county) (State) Trenton Mo.	

DATE REC'D BY LOCAL REG. 8-15-52		REGISTRAR'S SIGNATURE Irene Zach		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Davis - Blackmore Trenton, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

100 041
504 81

002414

AUG 22 1934

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. 454

working under my personal supervision.

Student Harold L. Roberts
Student Embalmer

Signed J. Gordon Blackmon

Licensed Embalmer No. 4602

P. O. Address Trenton, 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.