

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31382

State File No.

LED SEP 24 1952

BIRTH NO. _____ REG. DIST. NO. 132 PRIMARY REG. DIST. NO. 3021 Registrar's No. 136

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

1. PLACE OF DEATH a. COUNTY <u>Grundy</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>IREXTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>IREXTON</u> <u>0402</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <u>CULLERS HOSP</u>		d. STREET ADDRESS (If rural, give location) <u>911 RURAL ST</u>	
3. NAME OF DECEASED a. (First) <u>CECIL</u> b. (Middle) <u>OXIS</u> c. (Last) <u>CHAMBERS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept 6, 1952</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>Aug 26, 1908</u>
9. AGE (In years) last birthday <u>44</u>		10. AGE (In years) if under 1 year: Months <u>—</u> Days <u>11</u> Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SPRAY DRY OPERATOR</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>MILK PLANT</u>	
11. BIRTHPLACE (State or foreign country) <u>HARRISON County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Chas Chambers</u>		13b. MOTHER'S MAIDEN NAME <u>Helen Hickman</u>	
13c. NAME OF HUSBAND OR WIFE <u>Edith Chambers</u>			
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. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>Edith Chambers</u> ADDRESS <u>Trenton Mo</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute congestive Heart Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic myocarditis with mitral and aortic regurgitation</u> DUE TO (c) <u>Acute Rheumatic Fever</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Bronchial asthma, severe</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>7 weeks</u> <u>20 years</u> <u>20 yrs.</u> <u>5 years</u>			
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 <u>June</u> , 19 <u>49</u> , to <u>Sept 6</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>Sept 5</u> , 19 <u>52</u> and that death occurred at <u>1:50 PM</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>C. L. Clark</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Trenton</u>	
23c. DATE SIGNED <u>9-8-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIED</u>		24b. DATE <u>Sept 8, 1952</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Springfield Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>HARRISON County Mo</u>	
DATE REC'D BY LOCAL REG. <u>9/8/52</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>115 DAVIS-BLACKMORE IREXTON, MO</u>	
25. FUNERAL DIRECTOR'S SIGNATURE _____ ADDRESS _____			

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

myself

Student Embalmer No.

[Handwritten signature]

working under my personal supervision.

Student
Student Embalmer

Signed

[Handwritten signature: Joseph A. Davis]

Licensed Embalmer No.

3424

P. O. Address

Quenton, 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.