

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

39175

State File No.

FILED NOV 25 1952
 77398

BIRTH NO. ... REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 183

04920

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

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, write RURAL and give town) WEBB CITY	c. LENGTH OF STAY (in this place township) 2 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) 0495 OR TOWN JOPLIN	
d. FULL NAME OF HOSPITAL OR INSTITUTION JANE CHINN HOSPITAL		d. STREET ADDRESS (If rural, give location) 1002 ROOSEVELT	
3. NAME OF DECEASED (Type or Print) a. (First) KENNETH b. (Middle) RAY c. (Last) CHAMBERS			4. DATE OF DEATH (Month) (Day) (Year) NOVEMBER 15 1952
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 11-13-32
9. AGE (In years last birthday) 0 MONTHS 2 DAYS 2 HOURS 1 MIN.		11. BIRTHPLACE (City and State or Foreign Country) WEBB CITY, MISSOURI	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT		10b. KIND OF BUSINESS OR INDUSTRY	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME GLEN CHAMBERS	
13b. MOTHER'S MAIDEN NAME PAULINE GUTHRIE		14. NAME OF HUSBAND OR WIFE NONE	
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 GLEN CHAMBERS 1002 ROOSEVELT JOPLIN			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Patent Foramen Ovale "Blue Baby" ANTECEDENT CAUSES Congenital Endocardial deformity Morbid 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 754-3	
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) (Min.)		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 11-13- , 19 52 , to 11-15- , 19 52 , that I last saw the deceased alive on NOV. 14. , 19 52 , and that death occurred at 3:35 Am. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) H. D. Martough, D.O.		23b. ADDRESS 1702 Joplin St., Joplin, Mo.	
23c. DATE SIGNED 11-17-52			
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 11-16-52	
24c. NAME OF CEMETERY OR CREMATORY BURKHART CEMETERY		24d. LOCATION (City, town, or county) (State) RACINE MISSOURI	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Steve Parker Mortuary Joplin Mo.			

RECEIVED 11-24-52
Jasper County Health Office

County File Number 52/11/907

Date Filed 11-24-52

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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin, 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.