

FILED JAN 11 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43465**

BIRTH NO. _____ REG. DIST. NO. 166 PRIMARY REG. DIST. NO. 5602 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY <u>Johnson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Chilhowee</u>	c. LENGTH OF STAY (In this place) <u>life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Chilhowee</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0510</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Nora</u> b. (Middle) <u>Etta</u> c. (Last) <u>Chambers</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12/29/53</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 27, 1880</u>		9. AGE (In years last birthday) <u>73</u> <small>IF UNDER 1 YEAR</small> <u>6</u> <small>MONTHS</small> <u>2</u> <small>DAYS</small> <small>IF UNDER 24 HRS.</small> _____ <small>HOURS</small> _____ <small>MIN.</small> _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Johnson County Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>

13a. FATHER'S NAME <u>Henry McElwee</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Brown</u>	14. NAME OF HUSBAND OR WIFE <u>Ewel 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>Ewel Chambers, Chilhowee, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolus</u>	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u>			
	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 <u>4201</u>			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 Aug 1, 1953, to 12-29-53, 19____, that I last saw the deceased alive on 12-25, 1953, and that death occurred at 7 A. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>A.W. Moulant</u>	23b. ADDRESS <u>Dr. J. Holden Mo</u>	23c. DATE SIGNED <u>12-30-53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12/31/53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sunset Hill</u>
		24d. LOCATION (City, town, or county) (State) <u>Warrensburg, Mo.</u>
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>Blayne G. Bridger</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Cook Funeral Home, Chilhowee, Mo.</u>	
DEC 11 1954	ADDRESS	

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

1955

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JOHNSON COUNTY HEALTH DEPT.

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

[Handwritten Signature]

Licensed Embalmer No. 4335

P. O. Address *Chilhowey, N.C.*

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.