No. 300
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9798

BIRTH NO. FILED APR 6 1954 REG. DIST. NO. 311 PRIMARY REG. DIST. NO. 4456 Registrar's No. 10

1. PLACE OF DEATH
a. COUNTY: St Clair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Appleton City
c. LENGTH OF STAY (In this place): One Day
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Ellett Memorial Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Bates ~~St Clair~~
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Appleton City
d. STREET ADDRESS (If rural, give location): Rural

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3. NAME OF DECEASED (Type or Print): a. (First) John b. (Middle) — c. (Last) Chambers
4. DATE OF DEATH: (Month) Mar (Day) 31 (Year) 1954
5. SEX: M 0
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Oct. 26 1878
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 5 Days 0 — IF UNDER 24 HRS.: Hours — Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Stockman
10b. KIND OF BUSINESS OR INDUSTRY: —
11. BIRTHPLACE (State or foreign country): Tiffin Mo 0
12. CITIZEN OF WHAT COUNTRY? U.S.A
13a. FATHER'S NAME: Thomas C. Chambers
13b. MOTHER'S MAIDEN NAME: Margaret Breckenridge
14. NAME OF HUSBAND OR WIFE: Essie Chambers
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME, ADDRESS: Mary Chambers, Appleton City, Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion — INTERVAL BETWEEN ONSET AND DEATH: 24 hrs

ANTECEDENT CAUSES

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
20. AUTOPSY? YES ☐ NO ☒

4201

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) m.
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* 30 Mar, 1954, *to* 31 Mar, 1954, *that I last saw the deceased alive on* 31 Mar, 1954, *and that death occurred at* 9:00 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. Ellett MD (Degree or title)
23b. ADDRESS: Appleton City
23c. DATE SIGNED: 2 Apr 54

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Apr. 4 1954
24c. NAME OF CEMETERY OR CREMATORY: Appleton City Cemetery
24d. LOCATION (City, town, or county): Appleton City (State): Mo.

DATE REC'D BY LOCAL REG.: April 3, 1954
REGISTRAR'S SIGNATURE: Olie Abney 28 S
25. FUNERAL DIRECTOR'S SIGNATURE: Melvin L. Jamison
ADDRESS: A. C.

(Licensed Embalmer's Statement on Reverse Side)

VS SEP 1 1959

JUN 29 1954

JUN 8 1954

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.....

.....,

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed Melvin L. Jansen

Licensed Embalmer No. 4589

P. O. Address Appleton City

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.