

BIRTH NO. _____ REG. DIST. NO. 228 PRIMARY REG. DIST. NO. 3074

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

1. PLACE OF DEATH a. COUNTY <u>Leass</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Mo</u> b. COUNTY <u>Leass</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>		c. CITY OR TOWN <u>Sikeston</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>5 yrs</u>		e. STREET ADDRESS (If rural, give location) <u>411 Wilson 1403</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>414 Wilson</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Altha</u>	b. (Middle) <u>L. Chamberlis</u>	c. (Last) <u>Chamberlis</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>6 22 1955</u>
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5. SEX <u>7. m.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Sept 22, 1864</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months <u>9</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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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 <u>0</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Daveau Springs, Ky.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>James McCasane</u>	13b. MOTHER'S MAIDEN NAME <u>McNelis Caspers</u>	14. NAME OF HUSBAND OR WIFE <u>Jim Chamberlis</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>0</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Stella Rogers</u>	ADDRESS <u>Sikeston, Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CARCINOMITOSIS</u>		INTERVAL BETWEEN ONSET AND DEATH <u>6 mo</u>
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		
	DUE TO (b) <u>CARCINOMA, STOMACH</u>		<u>2 yrs</u>
	DUE TO (c) <u>151X</u>		
	II. OTHER SIGNIFICANT CONDITIONS		
	<u>1. PULMONARY EDEMA</u>		<u>2 wks</u>
	<u>2. CARDIAC DECOMPENSATION</u>		<u>18 months</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 7-76, 1954, to 6-20, 1955, that I last saw the deceased alive on 6-20, 1955, and that death occurred at 11:30 am., from the causes and on the date stated above.

23a. SIGNATURE <u>Anders B. In MD</u>	(Degree or title) <u>0</u>	23b. ADDRESS <u>Sikeston Mo</u>	23c. DATE SIGNED <u>6-20-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 24, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Sikeston, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-27-55</u>	REGISTRAR'S SIGNATURE <u>Mrs. Elmer Hunter</u>	419	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Britton</u>	ADDRESS <u>Funeral Home, Sikeston</u>
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DATE RECEIVED JUL 5 1955
SCOTT CO. HEALTH DEPT.
CO. FILE No. 658-193

JAN 24 1963

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.....
Signature of Student Embalmer

Signed George M. M. M. M.
Licensed Embalmer No. 46

P. O. Address Charleston

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.