

7200 / 1

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 228 PRIMARY REG. DIST. NO. 5808 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY <b>MONTGOMERY</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>MONTGOMERY</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL BEAR CREEK</b>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>RURAL BEAR CREEK</b>		d. STREET ADDRESS (If rural, give location) <b>0700</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION					
3. NAME OF DECEASED (Type or Print) a. (First) <b>DAISY</b> b. (Middle) <b>BELL</b> c. (Last) <b>CHAMBERS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>July 29-55</b>		
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>March 16 1883</b>		9. AGE (last birthday) <b>72</b> <small>IF UNDER 1 YEAR Months Days</small> <small>IF UNDER 10 Wks. Hours Mins.</small>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>Hawk Point mo</b>		12. CITIZENSHIP OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>James Thomas</b>		13b. MOTHER'S MAIDEN NAME <b>Parthena Thurmon</b>		14. NAME OF HUSBAND OR WIFE <b>Wm Chambers</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Wm Chambers Jonesburg mo</b>		
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY THROMBOSIS</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Myocarditis</b> DUE TO (c) <b>Chronic Arteriosclerotic Nephritis</b> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION <b>None</b>			19b. MAJOR FINDINGS OF OPERATION <b>4201</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>None</b>		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 <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 <b>June 20, 1952</b> , to <b>July 29, 1952</b> , that I last saw the deceased alive on <b>July 29, 1952</b> , and that death occurred at <b>3:30 a.m.</b> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <b>James O. Helm</b>			23b. ADDRESS <b>New Florence mo.</b>		23c. DATE SIGNED <b>8-5-55</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>July 31-55</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Lansbury</b>		24d. LOCATION (City, town, or county) (State) <b>Jonesburg mo</b>
DATE REC'D BY LOCAL REG. <b>Aug 6-55</b>		REGISTRAR'S SIGNATURE <b>Mrs Mary T. Miller</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Carl A. Harding Jonesburg mo</b>	

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

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 *Carl A. Garding* \_\_\_\_\_

Licensed Embalmer No. *4115* \_\_\_\_\_

P. O. Address *Louisburg 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.