

FILED SEP 2 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 25738

BIRTH NO. _____ REG. DIST. NO. 105 PRIMARY REG. DIST. NO. 5414 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Clarkton Rural Freeborn)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Clarkton Freeborn Twp.	
c. LENGTH OF STAY (in this place) 2 months		d. STREET ADDRESS (If rural, give location) Route 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, Clarkton, Missouri			

3. NAME OF DECEASED (Type or Print)	a. (First) PHILIP	b. (Middle) EDWARD	c. (Last) CHUMLEY	4. DATE OF DEATH (Month) (Day) (Year) Aug. 20 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Oct. 20 1886	9. AGE (In years last birthday) 68	IF UNDER 1 YEAR Months 10 Days 0	IF UNDER 24 HRS. Hours 0 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Illinois	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James Chumley	13b. MOTHER'S MAIDEN NAME Elizabeth Viley	14. NAME OF HUSBAND OR WIFE Martha Jane Chumley
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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. Unknown	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Martha Jane Chumley, Clarkton, Mo.
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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 10
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Nephritis - acute		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Nephritis Long Standing 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? 592X YES <input type="checkbox"/> NO <input 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 **Aug 10**, 19**55**, to **Aug 20**, 19**55**, that I last saw the deceased alive on **Aug 20**, 19**55**, and that death occurred at **8:40 P.M.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) D. S. Veitchum D.O.	23b. ADDRESS Malden, Mo	23c. DATE SIGNED Aug 20 1955
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Aug. 23 1955	24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	24d. LOCATION (City, town, or county) (State) Pulaski, Illinois
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DATE REC'D BY LOCAL REG. 8-22-55	REGISTRAR'S SIGNATURE Marguerite George	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Landess Funeral Home, Campbell, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 8-30-55

COUNTY FILE NUMBER 855-

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 *Christina M. Landess*

Licensed Embalmer No. *4227*

P. O. Address *Campbell, 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.