

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

FILED JAN 11 1956

40464

State File No. \_\_\_\_\_

5694

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY</b>	
c. LENGTH OF STAY (In this place) <b>45 years</b>		3. <input checked="" type="checkbox"/> Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>1004 INDEPENDENCE AVE</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>JOSEPH</b> b. (Middle) _____ c. (Last) <b>CHAMBERS</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>December 27, 1955</b>		
5. SEX <b>2</b> <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	
8. DATE OF BIRTH <b>September 21, 1888</b>		9. AGE (In years last birthday) <b>67</b>		IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HRS: Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Cook</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>Galveston, Texas</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>					

13a. FATHER'S NAME <b>John Chambers</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Jane Ketchum</b>		14. NAME OF HUSBAND OR WIFE <b>none</b>	
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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) <b>Yes WWI</b>		16. SOCIAL SECURITY NO. <b>493 12 7958</b>		17. INFORMANT'S SIGNATURE OR NAME <b>VA Hospital, Kansas City, Mo. Official</b> ADDRESS _____	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cirrhosis of liver with massive ascites</b>			INTERVAL BETWEEN ONSET AND DEATH <b>25 years</b>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			5810	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>Arteriosclerotic aneurysm of ascending aorta</b>			Unk.	

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>aorta</b>		20. AUTOPSY? YES <input checked="" 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 Dec. 26, 1955, to Dec. 27, 1955 ~~XXXXXXXXXXXXXXXXXXXX~~ and that death occurred at 9:16 a.m., from the causes and on the date stated above.

23a. SIGNATURE <b>Joaquin F. Lopes</b> (Degree or title) <b>M.D.</b>		23b. ADDRESS <b>VA Hospital, Kansas City, Mo.</b>		23c. DATE SIGNED <b>12/27/55</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>12/30/55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>National Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Ft. Leavenworth, Kansas</b>	

DATE REC'D BY LOCAL REG. <b>12-29-55</b>		REGISTRAR'S SIGNATURE <b>neva minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>C. E. David</b> ADDRESS <b>1415 Truman</b>	
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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Landis L. Jackson*.....

Licensed Embalmer No. *4*.....

P. O. Address *R.C.*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING  
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.