

FILED JUL 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

77022012

State File No.

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 4371 Registrar's No. 172

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elmo		c. CITY OR TOWN Maryville	
c. LENGTH OF STAY (in this place) _____		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ford Hospital		STREET ADDRESS (If rural, give location) 1417 East 3rd St	

3. NAME OF DECEASED (Type or Print)	a. (First) Franklin	b. (Middle) Pierce	c. (Last) Chambers	4. DATE OF DEATH (Month) (Day) (Year) June-25-1957
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5. SEX Male <input checked="" type="radio"/>	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov-12th-1875	9. AGE (To years last birthday) 82	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Gen Farming	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U S
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13a. FATHER'S NAME Robert Chambers	13b. MOTHER'S MAIDEN NAME Martha Jane Harris	14. NAME OF HUSBAND OR WIFE Ruby Belle Chambers
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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. 573-28-6623	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Warren Chambers- Fairfax, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatous, abdomen		INTERVAL BETWEEN ONSET AND DEATH 1 mo.
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) possibly short primary site in abdomen		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Senility			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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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 June 14, 1957 to June 25, 1957, that I last saw the deceased alive on June 28, 1957 and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE Manuel Rios (Degree or title) _____	23b. ADDRESS Elmo Mo	23c. DATE SIGNED July 6-57
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24a. BURIAL OR CREMATION REMOVAL (Specify) Burial	24b. DATE June-27-1957	24c. NAME OF CEMETERY OR CREMATORY Center Grove	24d. LOCATION (City, town, or county) (State) Westboro- Missouri
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DATE REC'D BY LOCAL REG. 7-11-57	REGISTRAR'S SIGNATURE Bess Holt	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Westboro, Mo
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 embalmed by me, or by Ashley R Tucker II Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Ashley R Tucker
Licensed Embalmer No. 4757

P. O. Address Westboro,

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.