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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health,
Welfare
Public
Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED JUL 11 1957

STATE FILE NUMBER
157 0 22415
1003
6021

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 6021

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mississippi</u> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Louis</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Ruleville</u> <u>8230</u> <u>8</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>01</u> <u>1727 Love Joy Lane</u>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <u>33</u> <u>219 Steveson St.</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Florence Beatrice Chambers</u>		4. DATE OF DEATH Month Day Year <u>June 25, 1957</u>	
5. SEX <u>3</u> <u>female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 28, 1899</u>
9. AGE (In years last birthday) <u>57</u>		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
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>home</u>	11. BIRTHPLACE (City and state or country) <u>Doddsville, Miss.</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>John Herhon</u>	
14. MOTHER'S MAIDEN NAME <u>unknown</u>		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT <u>Derris Chambers 1727 Love Joy Lane</u>	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Arteriosclerotic Heart Disease with</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <u>Acute Congestive Failure</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4200</u>			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>-</u>		20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>-</u>	
20f. CITY, TOWN, OR LOCATION <u>-</u>		COUNTY STATE	
21. I attended the deceased from <u>6-20-57</u> to <u>6-26-57</u> and last saw her/him alive on <u>6-24-57</u> Death occurred at <u>8:20 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Print or type) <u>Morris H. Dittler M.D.</u>		22b. ADDRESS <u>3167 Sheridan Avenue</u>	
22c. DATE SIGNED <u>6-26-57</u>		23a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal rail</u>	
23b. DATE <u>6-28-57</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Shelby, Miss.</u>	
23d. LOCATION (City, town, or county) (State)		24. FUNERAL DIRECTOR <u>Dunn Funeral Home</u>	
24. ADDRESS <u>215 S. Jefferson</u>		25. DATE RECD. BY LOCAL REG. <u>JUN 28 '57</u>	
26. REGISTRAR'S SIGNATURE <u>Carl Smith</u>		27. (Licensed Embalmer's Statement on Reverse Side)	

222.22 2222

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 *Arthur L. Healy*

Licensed Embalmer No. *42*

P. O. Address *3100 Ea*

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.