

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-009848  
STATE FILE NUMBER  
1325

FILED APR 2 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

300  
1-57 3

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, give TOWNSHIP only) OR TOWN <b>KANSAS CITY</b>		c. CITY OR TOWN <b>KANSAS CITY 3928</b>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <b>121 EAST 12TH STREET</b>		d. STREET ADDRESS <b>800 WEST 71ST TERRACE</b>	
Length of stay in lb <b>3 5 YEARS</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>WILLIAM ROBERT CHAMBERLAIN</b>			4. DATE OF DEATH Month Day Year <b>MAR. - 11, 1958</b>		
---	--	--	--	--	--

5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>AUG. 3, 1890</b>	9. AGE (In years last birthday)	10. UNDER 1 YEAR	11. UNDER 24 HRS.
-----------------------	----------------------------------	---	---	---------------------------------	------------------	-------------------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>DEPT. MANAGER</b>		11. BIRTHPLACE (City and state or country) <b>ROME, NEW YORK</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
---	--	---	--	---	--

13a. FATHER'S NAME <b>W. CHAMBERLAIN</b>		13b. MOTHER'S MAIDEN NAME <b>ELLA ROBERTS</b>		14. NAME OF HUSBAND OR WIFE <b>EFFIE G. CHAMBERLAIN</b>	
---	--	--	--	--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>442-10-8906</b>		17. INFORMANT <b>T. R. CHAMBERLAIN</b> Address <b>5331 FAIRWAY ROAD KANSAS CITY, KANSAS</b>	
---	--	---	--	--	--

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b> <b>Coronary thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____			INTERVAL BETWEEN ONSET AND DEATH <b>2 1/2</b>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					

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.) <b>1</b>		
---	--	--	--	--	--

20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.					
---	--	--	--	--	--

20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
---	--	--	--	---	--

21. I attended the deceased from \_\_\_\_\_, to \_\_\_\_\_ and last saw her alive on \_\_\_\_\_  
Death occurred at **2:07** P. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Hugh H. Owens</b>		22b. ADDRESS <b>1034 Walnut Bldg</b>		22c. DATE SIGNED <b>2-12-58</b>	
--	--	---	--	------------------------------------	--

23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <b>MAR. 13, 1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>MT. MORIAH CEM.</b>		23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MISSOURI</b>	
---	--	-----------------------------------	--	--	--	---	--

24. FUNERAL DIRECTOR <b>D. W. NEWCOMER'S SONS</b> ADDRESS <b>1387 W. WASH CREEK KANSAS CITY, MO.</b>		25. DATE RECD. BY LOCAL REG. <b>3-13-58</b>		26. REGISTRAR'S SIGNATURE <b>neva minshall</b>	
---	--	--	--	---	--

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Hugh H. Owens



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 *Thomas W. Pearson* .....

Licensed Embalmer No. *4889* .....

P. O. Address *D.C. Md.* .....

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.