

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-024476  
STATE FILE NUMBER

FILED JUL 23 1958

Registration District No. 4 Primary Registration District No. 4014 Registrar's No. 62

300  
1-57  
3030

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>030</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Fairfax Mo</u>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Rock-Port Mo.</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Fairfax Hospital</u>		Length of stay in lb	d. STREET ADDRESS (If outside, give location)
			Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>John</u> Middle <u>E.</u> Last <u>Chambers</u>			4. DATE OF DEATH Month <u>July</u> Day <u>13</u> Year <u>1958</u>		
5. SEX <u>M.</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 7 - 1889</u>		9. AGE (In years last birthday) <u>68</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Subaror</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Tenn.!</u>		12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME <u>Cal Chambers</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Freeman</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Bertha Chambers</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>488-14-5049</u>		17. INFORMANT Address <u>Mrs. Bertha Chambers - Rock-Port Mo</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>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
DUE TO (b) <u>cerebral arteriosclerosis</u>		<u>4 yrs</u>
DUE TO (c) <u>&amp; hypertension</u>		<u>4 yrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.)	
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 <u>Rock-Port Mo</u>	COUNTY	STATE
21. I attended the deceased from <u>1954</u> to <u>July 13, 1958</u> and last saw <u>him</u> alive on <u>July 13, 1958</u> m on the date stated above; and to the best of my knowledge, from the causes stated.				
22a. SIGNATURE <u>E. P. Scheller, M.D.</u> (Degree or title)		22b. ADDRESS <u>Rock-Port Mo</u>		22c. DATE SIGNED <u>7-14-58</u>

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>July 16 - 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Hunter Cemetery</u>	23d. LOCATION (City, town, or country) (State) <u>South Rock Port Mo</u>
24. FUNERAL DIRECTOR <u>Beston Funeral Home</u> <u>Rock-Port Mo</u>		25. DATE RECD. BY LOCAL REG. <u>July 16, 1958</u>	26. REGISTRAR'S SIGNATURE <u>Therwin J. Schaefer</u>

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

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 By Me, Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed J. B. Bentran

Licensed Embalmer No. 4024  
P. O. Address Red Bank

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.