

FURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036111

FILED VS OCT 16 1959

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4814

UNDECEASED

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b <u>63 yrs - Unknown</u>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 514 1/2 Main Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First **Clarence** Middle **M** Last **Chambers**

4. DATE OF DEATH Month **10** Day **5** Year **59**

5. SEX male	6. COLOR OR RACE white	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 3-29-86	9. AGE (last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Unknown**

10b. KIND OF BUSINESS OR INDUSTRY **Railroad**

11. BIRTH PLACE (City and state or country) **Santa Fe, Colo. Unknown**

12. CITIZEN OF WHAT COUNTRY **U.S.A.**

13a. FATHER'S NAME **Edmond R. Chambers**

13b. MOTHER'S MAIDEN NAME **Malinda Unknown**

14. NAME OF HUSBAND OR WIFE **Ethel Chambers**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no**

16. SOCIAL SECURITY NO. **496-10-7900**

17. INFORMANT **Harold Chambers** Address **5032 Glenside K.C. Mo.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Cerebral Vascular Accident**

DUE TO (b) _____

DUE TO (c) _____

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO

20a. ACCIDENT SUICIDE HOMICIDE

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 WORK NOT WHILE AT WORK

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 **9-17-59** to **10-5-59** and last saw **DECEASED** live on **10-5-59**

Death occurred at **8:17 A** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **Abraham Golperin M.D.**

22b. ADDRESS **2400 Cherry K.C. Mo.**

22c. DATE SIGNED **10-5-59**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial**

23b. DATE **OCT. 6 1959**

23c. NAME OF CEMETERY OR CREMATORY **Floral Hills Cemetery**

23d. LOCATION (City, town, or county) (State) **Kansas City Missouri**

24. FUNERAL DIRECTOR **Floral Hills Memorial Chapel Inc** ADDRESS **K. E. Mo.**

25. DATE RECD. BY LOCAL REG. **10-6-59**

26. REGISTRAR'S SIGNATURE **Neva Minshall**

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

BY AFFIDAVIT OF Abraham Golperin 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 _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed James D. Caldwell

Licensed Embalmer No. 4717

P. O. Address 15 E 7th

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.