

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

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Primary Registration District No. 5306 Registrar's No. 1

STATE FILE NUMBER

UNDECEASED

1. PLACE OF DEATH a. COUNTY <b>Cole</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Marion</b>		Length of stay in 1b <b>94</b>		c. CITY OR TOWN <b>Elston, Mo.</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Elston, Mo.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>none</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>Seleter</b> Middle <b>Chambers</b> Last <b>Johnson</b>				4. DATE OF DEATH Month <b>Dec.</b> Day <b>27</b> Year <b>1959</b>									
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH <b>6-30-1865</b>		9. AGE (last birthday) <b>94</b>		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>home</b>		11. BIRTHPLACE (City and state or country) <b>Cole</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>					
13a. FATHER'S NAME <b>David Chambers</b>				13b. MOTHER'S MAIDEN NAME <b>Carolyn Chambers</b>				14. NAME OF HUSBAND OR WIFE <b>Rolla Johnson</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT Address <b>R. G. West, Jefferson City, Mo.</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>Apoplexy</b>										INTERVAL BETWEEN ONSET AND DEATH <b>4 hours</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Idiopathic hypertension</b>										14 years			
DUE TO (c)													
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Chronic endocarditis following pneumonia</b>								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 a.m. p.m.		Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <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 <b>Feb. 20, 1946</b> to <b>Dec. 27, 1959</b> and last saw <sup>her</sup> live on <b>Dec. 27, 1959</b> Death occurred at <b>10, 14 p.m.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Carleton W. Springfield</i> (Degree or title) <b>D.O.</b>						22b. ADDRESS <b>Centertown, Missouri</b>				22c. DATE SIGNED <b>12/29/59</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>12-30-1959</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Elston Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Elston, Cole, Missouri</b>							
24. FUNERAL DIRECTOR <b>Thorpe J. Dant Jefferson City</b>				25. DATE RECD. BY LOCAL REG. <b>Dec. 29</b>		26. REGISTRAR'S SIGNATURE <i>Minnie Kittermeyer</i>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS JAN 1 1980

**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 *Stephen J. Gordon*

Licensed Embalmer No. *1786*  
P. O. Address *Jeff City MO*

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.