

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-011918

FILED VS APR 8 1960 246

Registration District No. 246 Primary Registration District No. 5835 Registrar's No. 158

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY NEWTON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SHOAL CREEK TWSP		Length of stay in 1b		c. CITY OR TOWN JOPLIN		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MURPHY ROAD, 3 MI. S.W. OF JOPLIN, MO.			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1801 GRAND AVE.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last JOHN EDWARD CHAMBERS				4. DATE OF DEATH Month Day Year MARCH 27, 1960					
5. SEX M	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 6-30-1929	9. AGE (last birthday) 30	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR		
10a. USUAL OCCUPATION (Give kind of work done during most working life, even if retired) AD SALESMAN			10b. KIND OF BUSINESS OR INDUSTRY JOPLIN GLOBE		11. BIRTHPLACE (City and state or country) BOONEVILLE, ARK.		12. CITIZEN OF WHAT COUNTRY U.S.A.		
13a. FATHER'S NAME CHARLES A. CHAMBERS			13b. MOTHER'S MAIDEN NAME NANNIE M. CHAMBERS			14. NAME OF HUSBAND OR WIFE DONNA CHAMBERS			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES W.W. 2			16. SOCIAL SECURITY NO. UNK		17. INFORMANT MOTHER- Address MRS. NANNIE CHAMBERS, 1801 GRAND AVE.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broken Neck & Crushed Chest							INTERVAL BETWEEN ONSET AND DEATH Instant		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)									
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) was pinned beneath car when it left road & turned over on curve						
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 checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Public Road		20f. CITY, TOWN, OR LOCATION Shoal Creek Twp. Newton Mo.	
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at about 2 am on the date stated above, and to the best of my knowledge, from the causes stated.				22a. SIGNATURE (Degree or title) Barney Thompson Coroner		22b. ADDRESS Neosho Mo.		22c. DATE SIGNED 3/29/60	
23a. BURIAL, CREMATION REMOVAL (Specify) REMOVAL		23b. DATE 4-1-1960	23c. NAME OF CEMETERY OR CREMATORY OAK HILL CEMETERY,		23d. LOCATION (City, town, or county) (State) BOONEVILLE, ARKANSAS				
24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.				25. DATE RECD. BY LOCAL REG. 3-31-1960		26. REGISTRAR'S SIGNATURE Noice Merriam			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 25 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.