

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013304

STATE FILE NUMBER

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 399

AMENDED

FILED MAY 1 1961

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived... If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		c. CITY OR TOWN Springfield,	
Length of stay in 1b 11 years		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. John's Hospital		d. STREET ADDRESS (If outside, give location) 937 E. Stanford	
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First EDWARD Middle LOWE Last CHUMLEY			4. DATE OF DEATH Month April Day 20, Year 1961		
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 February 11, 1887	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months 2 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mechanical Engineer		10b. KIND OF BUSINESS OR INDUSTRY Railroad Service Co.		11. BIRTHPLACE (City and state or country) Gadsen, Alabama	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME James E. Chumley		13b. MOTHER'S MAIDEN NAME Sarah Frances Statsen	
14. NAME OF HUSBAND OR WIFE Thelma L. Chumley		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		16. SOCIAL SECURITY NO.	
17. INFORMANT Mrs. Thelma L. Chumley		Address Springfield, 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) Myocardial Infarction due to Arteriosclerotic Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Acute Pulmonary Edema, Recurrent		
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 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.) NONE
20c. TIME OF INJURY Hour a.m. p.m. NONE		

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 Springfield	COUNTY Greene	STATE Missouri
21. I attended the deceased from 1-27-61 to 4-20-61 and last saw him alive on 4-20-61 Death occurred at 7 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE W. D. Sam, M.D.	(Degree or title)	22b. ADDRESS 609 Cherry, Springfield, Mo.	22c. DATE SIGNED 4/21/61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE April 22, 1961	23c. NAME OF CEMETERY OR CREMATORY H A Z E L W O O D	23d. LOCATION (City, town, or county) (State) Springfield, Missouri
24. FUNERAL DIRECTOR Gorman-Scharpf Funeral Home, Inc. ADDRESS Springfield, Missouri	25. DATE RECD. BY LOCAL REG. 4-24-61	26. REGISTRAR'S SIGNATURE Effie S. Meeton	

(Licensed Embalmer's Statement on Reverse Side)

DATE FURNISHED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

ITEM NO.

MAY 5 1961

MAY 1 1961

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 L. Poolin Gorman

Licensed Embalmer No. 3177

P. O. Address Springfield

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.