

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025788

STATE FILE NUMBER

AMENDED **F** Registration District No. 164 Primary Registration District No. 5032 Registrar's No. 96

1. PLACE OF DEATH JUL 31 1961

| | | | |
|--|--|---|---|
| a. COUNTY <u>Johnson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Warrensburg</u> | | e. STATE <u>Missouri</u> | b. COUNTY <u>Johnson</u> |
| Length of stay in 1b <u>Life</u> | | c. CITY OR TOWN <u>Warrensburg</u> | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Martin Hotel</u> | | d. STREET ADDRESS (If outside, give location) <u>Holden and Madison St.</u> | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year

LUTHER L. CHAMBERLAIN July 26th. 1961

| | | | | | | |
|-----------------------|----------------------------------|---|--|-------------------------------------|--------------------------------|------------------------------|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</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>Feb. 23, 1904</u> | 9. AGE (last birthday) <u>57</u> | IF UNDER 1 YEAR Months Days | IF UNDER 24 HR Hours Min. |
|-----------------------|----------------------------------|---|--|-------------------------------------|--------------------------------|------------------------------|

| | | | |
|--|---|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u> | 11. BIRTHPLACE (City and state or country) <u>Johnson County, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u> |
|--|---|--|--|

13a. FATHER'S NAME Thomas Melvin Chamberlain 13b. MOTHER'S MAIDEN NAME Lillie Mae Heard 14. NAME OF HUSBAND OR WIFE Opal Chamberlain

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no 17. INFORMANT Address Mrs. Opal Chamberlain, Warrensburg, 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) Brain Tumor (Glioblastoma) INTERVAL BETWEEN ONSET AND DEATH 7 months

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. 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 a.m. p.m. Month, Day, Year _____

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 Jan 1961 to 7-26-61 and last saw him alive on 7-26-1961. Death occurred at 7:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) R. Lee Cooper M.D. 22b. ADDRESS Warrensburg, Missouri. 22c. DATE SIGNED 7-28-1961

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 7-29-1961 23c. NAME OF CEMETERY OR CREMATORY Adams Cemetery 23d. LOCATION (City, town, or county) (State) Johnson County, Missouri

24. FUNERAL DIRECTOR ADDRESS The Brauningers, Warrensburg, Mo. 25. DATE RECD. BY LOCAL REG. July 28, 1961 26. REGISTRAR'S SIGNATURE Savannah Cutchfield

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

SHOULD READ

BY AFFIDAVIT OF

AUG 3 1961

APR 27 1962

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 RAB Brunninger

Licensed Embalmer No. 3377

P. O. Address Warrensburg

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.