

**MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**  
DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**6610037344**  
STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUD

AMENDED

Registration District No. 137 Primary Registration District No. 4218 Registrar's No. 287

**FILED OCT 10 1966**

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Colorado</u> b. COUNTY <u>Arapahoe</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Windsor</u>		Length of stay in lb <u>2 hrs.</u>	c. CITY OR TOWN <u>Englewood</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Windsor Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>3120 South Lincoln</u>
			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <u>George</u> Middle <u>Amos</u> Last <u>Chambers</u>			4. DATE OF DEATH Month <u>October</u> Day <u>1</u> Year <u>1966</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>8-23-1892</u>	9. AGE (last birthday) <u>74</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Hughesville, Mo.</u>	
				12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	

13a. FATHER'S NAME <u>James Henry Chambers</u>	13b. MOTHER'S MAIDEN NAME <u>Mary Emma Everett</u>	14. NAME OF HUSBAND OR WIFE <u>Leona Chambers</u>
15. WAS DECEASED EVER IN THE ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.I.</u>		16. SOCIAL SECURITY NO. <u>494-20-7667</u>
		17. INFORMANT <u>Gladys P. Knull, Englewood, Colorado</u>

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE <u>Acute Cardiovascular Collapse</u> <u>Cerebral Vascular Accident</u> <u>General Arteriosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 1/2 hrs.</u> <u>3 hrs.</u> <u>3 or 4 yrs.</u>
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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
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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.)
20c. TIME OF INJURY Hour <u>10</u> Minute <u>05</u> p.m.	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 <u>Windsor, Mo.</u>
		COUNTY <u>Windsor</u> STATE <u>Mo.</u>

21. I attended the deceased from 10-1-66 to 10-1-66 and last saw him alive on 10-1-66  
Death occurred at 11:05 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>Clifford Gouge</u>	22b. ADDRESS <u>Windsor, Mo.</u>	22c. DATE SIGNED <u>10-2-66</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>Oct. 5, 1966</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Smith Chapel Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Marshall, Missouri</u>
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24. FUNERAL DIRECTOR <u>Clifford Gouge, Windsor, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>Oct. 3, 1966</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

INSTEAD OF

DATE AMENDED

BY AFFIDAVIT OF

DOCUMENT

VS 300  
Rev. 4/59

1 0421  
2 2050  
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4 0  
5 2  
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12 3-0  
13 1-0

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

*Clifford Houze*

Licensed Embalmer No. 5014

P. O. Address Windsor, 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.

Permit Obtained 10-3-66 (initials)  
Ar. out of town