

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

24543

State File No. ....

10. 300  
0. 48  
AUG 10 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 127 PRIMARY REG. DIST. NO. 4218 Registrar's No. 180

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Windsor</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thrush mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>Gray Nursing Home</u>		d. STREET ADDRESS (If rural, give location) <u>RR # 3</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Vancha</u> b. (Middle) <u>Lillian</u> c. (Last) <u>Chamber</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 2 1953</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>wid</u>	
8. DATE OF BIRTH <u>8/20/1876</u>		9. AGE (In years last birthday) <u>76</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Home work</u>	
11. BIRTH PLACE (State or foreign country) <u>Lenoxville Penn</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S R</u>			

13. FATHER'S NAME <u>Eugene Johnson</u>		13b. MOTHER'S MAIDEN NAME <u>Louisa Decker</u>		14. NAME OF HUSBAND OR WIFE <u>George</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs J Earl Christian</u> ADDRESS <u>Clinton</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>					
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from Jan 20 1953, to July 1953, that I last saw the deceased alive on Aug 1, 1953, and that death occurred at 12:35 p.m., from the cause and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Claude M. Thurber, M.D.</u>		23b. ADDRESS <u>Windsor, Mo</u>		23c. DATE SIGNED <u>8/3/53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8/4/1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Mo Calhoun</u>		24d. LOCATION (City, town, or county) (State) <u>Mo</u>	
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DATE REC'D BY LOCAL REG. <u>Aug 4-53</u>		REGISTRAR'S SIGNATURE <u>Florence Adair</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J E Conrader</u> ADDRESS <u>Clinton</u>	
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*Claud Thurber*

**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 .....  
Student Embalmer

Signed

*J E Consider*

Licensed Embalmer No. *1891*

P. O. Address \_\_\_\_\_

**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 this body is not embalmed, fact should be so stated above.