

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

60-010675

FILED VS MAR 21 1960

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 77 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>HENRY</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MO.</b> b. COUNTY <b>HENRY</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>CLINTON</b>		c. CITY OR TOWN <b>CALHOUN</b>	
Length of stay in 1b <b>8 DAYS</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>CLINTON GENERAL HOSP</b>		d. STREET ADDRESS (If outside, give location) <b>1741</b>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Middle Last <b>FREDRICK HERBERT CHALMERS</b>			4. DATE OF DEATH Month Day Year <b>MARCH 13, 1960</b>			
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>8-17-1877</b>	9. AGE (last birthday) <b>88</b>	IF UNDER 1 YEAR IF UNDER 24 HR Months Day Hours Min. <b>6 26</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WARRIOR</b>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <b>HENRY Co. MO.</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13a. FATHER'S NAME <b>EMANUEL CHALMERS</b>		13b. MOTHER'S MAIDEN NAME <b>EMMA EAST</b>		14. NAME OF HUSBAND OR WIFE <b>-</b>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT <b>Mrs 2 OLLIE CHALMERS, CALHOUN, MO.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>ACUTE MYOCARDITIS</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 WK</b>
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	
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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 a.m. p.m. Month, Day, Year			

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 <b>CLINTON, MO</b>	COUNTY <b>HENRY</b>	STATE <b>MO</b>
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21. I attended the deceased from **FEB. 10 1960** to **13 MAR. '60** and last saw <sup>him</sup> alive on **13 MAR. '60**  
Death occurred at **5** A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <b>Kugh B. Walker, MD</b>	22b. ADDRESS <b>Clinton, Mo</b>	22c. DATE SIGNED <b>14 Mar '66</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>3-15-60</b>	23c. NAME OF CEMETERY OR CREMATORY <b>CALHOUN CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>CALHOUN, MO.</b>
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24. FUNERAL DIRECTOR <b>H. A. Tansant, Clinton, Mo.</b>	25. DATE RECD. BY LOCAL REG. <b>Mar. 15 1960</b>	26. REGISTRAR'S SIGNATURE <b>Mildred Bigum</b>
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DOCUMENT

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

STATEMENT BY LICENSED EMBALMER

MAR 28 1966

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 H. A. Tarsaut

Licensed Embalmer No. 3779

P. O. Address Clinton,

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