

FILED MAR 2 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3855

State File No.

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 55

1. PLACE OF DEATH
a. COUNTY Boone
b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Columbia
c. LENGTH OF STAY (In this place) 3 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION Tyler Convalescent Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri b. COUNTY Boone
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia
d. STREET ADDRESS (If rural, give location) Route 3

3. NAME OF DECEASED
a. (First) THOMAS b. (Middle) L. c. (Last) CHAMBERS

4. DATE OF DEATH (Month) (Day) (Year)
Feb. 22, 1950

5. SEX Male **6. COLOR OR RACE** White **7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, WIDOWED Widowed**

8. DATE OF BIRTH Aug. 19, 1873 **9. AGE** (In years last birthday) 76 IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 11 HRS: Hours _____ Min. _____

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired employee of Weber Engine Co. **10b. KIND OF BUSINESS OR INDUSTRY** _____

11. BIRTHPLACE (State or foreign country) Centertown, Missouri **12. CITIZEN OF WHAT COUNTRY?** U.S.

13a. FATHER'S NAME John D. Chambers **13b. MOTHER'S MAIDEN NAME** Susan Chambers **14. NAME OF HUSBAND OR WIFE** Laura Cook Chambers

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.** 496-01-7721A **17. INFORMANT'S SIGNATURE OR NAME** Mrs. C.C. Vandiver **ADDRESS** Route 3, Columbia, Mo.

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, ashenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia Lobar
ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Paralysis Stroke
DUE TO (c) Arteriosclerosis

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 NO

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** NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from Nov 11, 1949 to Feb 21, 1950 that I last saw the deceased alive on Feb 21, 1950 and that death occurred at 7 A. m., from the causes and on the date stated above.

23a. SIGNATURE F. B. Williamson, M.D. (Degree or title) **23b. ADDRESS** 1302 Helian Columbia, Mo. **23c. DATE SIGNED** 2-23-50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial **24b. DATE** Feb. 21, 1950 **24c. NAME OF CEMETERY OR CREMATORY** _____ **24d. LOCATION** (City, town, or county) (State) Centertown, Missouri

DATE REC'D BY LOCAL REG. Feb 23 1950 **REGISTRAR'S SIGNATURE** Mrs. R.E. Palmer **31** **FUNERAL DIRECTOR'S SIGNATURE** Parsons Funeral Service, Columbia, Mo. **ADDRESS** _____

(Licensed Embalmer's Statement on Reverse Side)

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

0409
4

100
/

334X

District No. 9
District Health Officer No. 9
RECEIVED FEB 27 1950
District File Number

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 *W. S. Whitesides*

Licensed Embalmer No. *3893*

P. O. Address *Columbia 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 this body is not embalmed, fact should be so stated above.