

STATE BOARD OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

FILED NOV 7 1942

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 52

1. PLACE OF DEATH:

(a) County Moniteau, Co.

(b) City or town California, Mo. Walker

(c) Name of hospital or institution: 600 Virsailles St, /  
(If not in hospital or institution, write street number or location)

(d) Length of stay: In hospital or institution.....  
In this community Life (Specify whether years, months or days)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Moniteau

(c) City or town California, Mo.  
(If outside city or town limits, write "RURAL.")

(d) Street No. 600 Virsailles St  
(If rural, give location)

(e) Citizen of foreign country? No (Yes or No)  
If yes, name country.....

3. (a) PRINT FULL NAME David Lafayette Chambers

3. (b) If veteran, name war No

3. (c) Social Security No. No

4. Sex Male 5. Color or race White

6. (a) Single, widowed, married, divorced. Married

6. (b) Name of husband or wife Mary L Chambers

6. (c) Age of husband or wife if alive 72 years

7. Birth date of deceased April 1 1869  
(Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>73</u>	<u>6</u>	<u>9</u>	..... hr. .... min.

9. Birthplace Moniteau Co.  
(City, town, or county) (State or foreign country)

10. Usual occupation Retired Farmer

11. Industry or business

12. Name Lafayette Chambers

13. Birthplace Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Dizana Bowlin

15. Birthplace Missouri  
(City, town, or county) (State or foreign country)

16. (a) Informant Jesse C Chambers

(b) Address Box 2 West St

17. (a) Burial (b) Date thereof Oct. 13. 42  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Old Salem Cent. Funeral Home

18. (a) Signature of funeral director Bowlin

(b) Address California, Mo.

19. (a) Oct. 13, 1942 (b) R. J. Allee  
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Oct day 9  
year 1942 hour 6 minute 42 A.M.

21. I hereby certify that I attended the deceased from June 8 1942  
1942 to Oct 7 1942  
that I last saw him alive on Oct 3 1942  
and that death occurred on the date and hour stated above.

Immediate cause of death Coronary Thrombosis

Due to .....

Due to .....

Other conditions (Include pregnancy within 3 months of death) 94a

Major findings:  
Of operations .....

Of autopsy .....

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) .....

(b) Date of occurrence .....

(c) Where did injury occur? (City or town) (County) (State) .....

(d) Did injury occur in or about home, on farm, in industrial place, in public place? .....

While at work? (Specify type of place) .....

(e) Means of injury 2 X 0

23. Signature R. J. Allee (M-D or other) XO

Address California Date signed 10/12/42

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

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**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.....

....., Registered Apprentice No.....  
working under my personal supervision.

Signed Earl R. Bowler

Licensed Embalmer No. 2126

P. O. Address California, 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.**