

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4441

State File No.

FILLED MAR 10 1954

BIRTH NO.

REG. DIST. NO. 109

PRIMARY REG. DIST. NO. 4180

Registrar's No. 11

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

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Campbell		c. LENGTH OF STAY (In this place) 69 yrs.	c. CITY OR TOWN Campbell
d. FULL NAME OF HOSPITAL OR INSTITUTION Home, Campbell, Mo.		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or Print) a. (First) Martha b. (Middle) A. c. (Last) Chambers		4. DATE OF DEATH (Month) (Day) (Year) Feb. 19, 1954	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 6, 1884
9. AGE (In years last birthday) 69		IF UNDER 1 YEAR 10 Months	IF UNDER 24 HRS. 13 Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Campbell, Missouri
12. CITIZEN OF WHAT COUNTRY? U. S. A.		13a. FATHER'S NAME Jefferson Standridge	
13b. MOTHER'S MAIDEN NAME Mary Tucker		14. NAME OF HUSBAND OR WIFE W. H. 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. None	17. INFORMANT'S SIGNATURE OR NAME W. H. Chambers ADDRESS Campbell, Mo
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Lungs ANTECEDENT CAUSES Same DUE TO (b) Same DUE TO (c) None other than Severity II. OTHER SIGNIFICANT CONDITIONS None other than Severity	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 103X	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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) m.	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 2-6, 1954 to 2-12, 1954 that I last saw the deceased alive on 2-12, 1954 , and that death occurred at 6:00 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE W. H. Chambers M.D. (Degree or title)		23b. ADDRESS Biggott Ave.	23c. DATE SIGNED 2-23-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 21, 1954	24c. NAME OF CEMETERY OR CREMATORY Woodlawn Cemetery	24d. LOCATION (City, town, or county) (State) Campbell, Missouri
DATE REC'D BY LOCAL REG. 3/2/54	REGISTRAR'S SIGNATURE Mrs. Deulah Campbell	25. FUNERAL DIRECTOR'S SIGNATURE RUSSELL-ERMERT FUN. HOME, CORNING, ARK. ADDRESS	

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT.....2-9-54.....
COUNTY FILE NUMBER 254-65

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 me..... Student Embalmer No. 78
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard O. Emer.....

Licensed Embalmer No. 78

P. O. Address Lorhing,

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