

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**38157**

State File No. \_\_\_\_\_

**FILED DEC 8 - 1951**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 3046 Registrar's No. 81

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Moniteau Co</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Moniteau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo Walker</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>California, Mo Walker</u>	
c. LENGTH OF STAY (in this place) <u>11/8 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>801 West St. California, Mo</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>801 West St. California</u>			

<b>3. NAME OF DECEASED</b> (Type or Print)			<b>4. DATE OF DEATH</b>		
a. (First) <u>Nartha</u>	b. (Middle) <u>Franklin</u>	c. (Last) <u>Chambers</u>	(Month) <u>Dec</u>	(Day) <u>2</u>	(Year) <u>51</u>

<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>Dec 28, 1862</u>	<b>9. AGE</b> (In years last birthday) <u>88</u>	<b>IF UNDER 1 YEAR</b> Months <u>11</u> Days <u>4</u>	<b>IF UNDER 24 HRS.</b> Hours <u></u> Min. <u></u>
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>House Wife</u>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Own Home</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Cooper Co. Mo</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>
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<b>13a. FATHER'S NAME</b> <u>Bengiman F. Cooper</u>	<b>13b. MOTHER'S MAIDEN NAME</b> <u>Margrett Schirley</u>	<b>14. NAME OF HUSBAND OR WIFE</b> <u>None</u>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service)	<b>16. SOCIAL SECURITY NO.</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Edna Pruitt</u>	<b>ADDRESS</b> <u>California, MO</u>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>9 days</u>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Cerebral Hemorrhage</u>		
	<b>ANTECEDENT CAUSES</b> DUE TO (b) <u>Arteriosclerosis</u> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>		<u>Chronic Hypertension with Hypocaulic degeneration</u>	

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>331X</u>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <u>California Moniteau Mo</u>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) (Min.)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from** 8-20, 1949, to 12-2, 1951, that I last saw the deceased alive on 12-2, 1951, and that death occurred at 4/5 P m., from the causes and on the date stated above.

<b>23a. SIGNATURE</b> <u>R. B. Fulcher</u>	(Degree or title) <u>Med</u>	<b>23b. ADDRESS</b> <u>California, Mo</u>	<b>23c. DATE SIGNED</b> <u>12-3-51</u>
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<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>	<b>24b. DATE</b> <u>12/4/51</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Bowlin Cemetery</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>California, Moniteau. Mo.</u>
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<b>DATE REC'D BY LOCAL REG.</b> <u>1-4-51</u>	<b>REGISTRAR'S SIGNATURE</b> <u>H. R. Poppe</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Paul Bowlin</u>	<b>ADDRESS</b> <u>California</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

81  
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770

APR 12 1952

APR 12 1952

RECEIVED

DEC 7 1951

DISTRICT HEALTH OFFICE No. 3

District File Number

Date Filed: DEC 7 1951

APR 15 1952

APR 15 1952

APR 17 1952

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....  
Student Embalmer

Signed *James De Souza*

Licensed Embalmer No. *2126*

P. O. Address *California*

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.