

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-029272

STATE FILE NUMBER

Registration District No. 224

Primary Registration District No. 3046

Registrar's No. 44

DO NOT WRITE
ON THIS STUB

AMENDED

FILED JUL 18 1963

1. PLACE OF DEATH

a. COUNTY **Moniteau**

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN **California**

Length of stay in 1b
6 Days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION **Latham Hospital**

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE **Missouri** b. COUNTY **Moniteau**

c. CITY OR TOWN **McGirk** Inside Limits
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)
6 Miles North East Reside on Farm
Yes ☒ No ☐

3. NAME OF DECEASED
(Type or print)

First Middle Last
GOLDER WILSON CHAMBERS

4. DATE OF DEATH
Month Day Year
July 14, 1963

5. SEX
Male

6. COLOR OR RACE
White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH
8/28/1897

9. AGE (last birthday) **65**
IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Retired Mill Worker

10b. KIND OF BUSINESS OR INDUSTRY
Moniteau Mills, Inc. Woolen Mills

11. BIRTHPLACE (City and state or country)
California, Missouri

12. CITIZEN OF WHAT COUNTRY
USA

13a. FATHER'S NAME

Joseph William Chambers

13b. MOTHER'S MAIDEN NAME

Martha Franklin Cooper

14. NAME OF HUSBAND OR WIFE

Velma Vesta Dove

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.
495-30-2655

17. INFORMANT Address
Mrs. Velma Chambers, Rte. # Centertown, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

PULMONARY EMPHYSEMA

INTERVAL BETWEEN ONSET AND DEATH
5 YEARS

DUE TO (b)

CHRONIC ASTHMATIC BRONCHITIS

20 YEARS

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
HISTORASMOSIS

PART III. If deceased was female was there a pregnancy in last 90 days.
☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?
YES ☐ NO ☒

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

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 ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from **July 14, 1963** to **July 14, 1963** and last saw him alive on **July 14, 1963**
Death occurred at **4:00** p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

Samuel M. Ralston, M.D.

22b. ADDRESS

California, Mo

22c. DATE SIGNED
7/15/63

23a. BURIAL, CREMATION, REMOVAL (Specify)
Burial

23b. DATE
July 16, 1963

23c. NAME OF CEMETERY OR CREMATORY
City Cemetery

23d. LOCATION (City, town, or county)
California, Missouri

24. FUNERAL DIRECTOR

Hugh E. Williams, California, Missouri

25. DATE RECD. BY LOCAL REG.
7/17/1963

26. REGISTRAR'S SIGNATURE
Allen L. Roper

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUL 25 1963

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 _____

Signature of Student Embalmer

Signed

Russell C. May

Licensed Embalmer No.

4804

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.