

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

FILED JAN 31 1949

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

3874

State File No. _____

Registration District No. _____

Primary Registration District No. 1099

Registrar's No. _____

1. PLACE OF DEATH:
 (a) County Stoddard
 (b) City or town Rural (outside limits)
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution: _____
 (If not in hospital or institution, write street number or location)
 (d) Length of stay: In hospital or institution _____ (Specify whether _____)
 In this community _____ years, months or days

3. (a) PRINT FULL NAME CHARLIE LEON SHAMBLIN
 3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex male 5. Color or race white
 6. (a) Single, widowed, married, divorced Married
 6. (b) Name of husband or wife Sylvia 6. (c) Age of husband or wife if alive 34 years
 7. Birth date of deceased April 29 1913
 (Month) (Day) (Year)

8. AGE:	Years	Months	Days	If less than one day
	<u>28</u>	<u>6</u>	<u>14</u>	hr. min.

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

10. Usual occupation laborer

11. Industry or business _____

12. Name Henry Leon Shamblin

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

14. Maiden name Not known

15. Birthplace Not known
 (City, town, or county) (State or foreign country)

16. (a) Informant Sylvia Shamblin

(b) Address Workhouse MO

17. (a) Burial (b) Date thereof 11 14 41
 (Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Carpenter Cemetery

18. (a) Signature of funeral director W. Welch

(b) Address Selection 880

19. (a) _____ (b) _____
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:
 (a) State MO (b) County Stoddard
 (c) City or town Rural
 (If outside city or town limits, write "RURAL")
 (d) Street No. _____ (If rural, give location) 0
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION
 20. DATE OF DEATH: Month Nov day 13
 year 1941 hour 6 minute 2 M.

21. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____;
 that I last saw him alive on _____, 19____,
 and that death occurred on the date and hour stated above.

Immediate cause of death burst
accidents

Due to _____
 Due to _____

Other conditions 181-1
 (Include pregnancy within 3 months of death)

Major findings: _____
 Of operations _____

Of autopsy 15

Duration _____
 PHYSICIAN _____
 Undertline 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 11/13-41

(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 _____

23. Signature Paul Henry Victory (M. D. or other) _____

Address Blountfield, Mo. Date signed _____

JUL 28 1948

RECEIVED
District Health Office No. 2,
District File Number 142-117
Date Filed 1-23-42

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 Raymond Crews

Licensed Embalmer No. 3467

P. O. Address Sikeston 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.

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 2874

Registration District No. 837

Primary Registration District No. 6099

Registrar's No. _____

1. PLACE OF DEATH:

(a) County Stoddard
(b) City or town Central
(c) Name of hospital or institution: _____
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
years, months or days

2. USUAL RESIDENCE OF DECEASED:

(b) County _____
(c) City or town _____
(If outside city or town limits, write "RURAL")
(d) Street No. _____
(If rural, give location)
(e) Citizen of foreign country? _____ (Yes or No)
If yes, name country _____

3. (a) PRINT FULL NAME Charlie L Shamblin

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex M 5. Color or race W 6. (a) Single, widowed, married, divorced m

6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased Apr. 29
(Month) (Day) (Year)

8. AGE: Years 28 Months 6 Days 1 If less than one day _____ min.

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

10. Usual occupation _____

11. Industry or business _____

MOTHER FATHER

12. Name _____

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

14. Maiden name _____

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

16. (a) Informant _____

(b) Address _____

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

(c) Place: burial or cremation _____

18. (a) Signature of funeral director _____

(b) Address _____

19. (a) 11/13/1941 (b) Pearl E Moore
(Date received local registrar) (Registrar's signature)

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month _____ Day _____
year _____ hour _____ minute _____ M.

21. I hereby certify that I attended the deceased from _____ to _____, 19____; that I last saw him _____ alive on _____, 19____; and that death occurred on the date and hour stated above. Immediate cause of death _____

Duration

Due to _____

Due to _____

Other conditions _____ (include pregnancy within 3 months of death)

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)

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

While at work? _____ (Specify type of place) (c) Means of injury _____

23. Signature _____ (M. D. or other)

Address _____ Date signed _____

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

SUPPLEMENTARY

