

No. 300  
10-48

FILED FEB 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

3884

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 250 Registrar's No. 52-4

1. PLACE OF DEATH a. COUNTY <u>Wayne</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Wayne</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - BLACK RIVER</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - BLACK RIVER TWP</u>	
c. LENGTH OF STAY (in this place) <u>3 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>18 mi NW. POPLAR BLUFF MO</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION. _____			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>CHARLES</u>	b. (Middle) <u>ALBERT</u>	c. (Last) <u>SHAMBLIN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 30 1949</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN 2 - 1873</u>	9. AGE (In years last birthday) <u>76</u>	# UNDER 1 YEAR Months <u>7</u> Days _____	# UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER - RETIRED</u>	11. BIRTHPLACE (State or foreign country) <u>MONTGOMERY CITY MO</u>	12. COUNTRY OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>Wm SHAMBLIN</u>	13b. MOTHER'S MAIDEN NAME <u>ANNA TODD</u>	14. NAME OF HUSBAND OR WIFE <u>MAY SHAMBLIN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME <u>W.A. BARRINER</u>	ADDRESS <u>STAR ROUTE 2 Williamsville MO</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Broncho-pneumonia</u>		<u>2 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Multiple sclerosis</u>		<u>8 yrs.</u>	

19a. DATE OF OPERATION <u>None</u>	19b. MAJOR FINDINGS OF OPERATION <u>491X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>No</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
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22. I hereby certify that I attended the deceased from 3 Jan., 1949, to 30 Jan., 1949, that I last saw the deceased alive on 3 Jan., 1949, and that death occurred at 12:45 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. Lester Harwell</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Poplar Bluff, Missouri</u>	23c. DATE SIGNED <u>1/2/49</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>FEB 1 - 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MT. ZION CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>BOTLER CO MO</u>
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DATE REC'D BY LOCAL REG. <u>Feb. 5, 49</u>	REGISTRAR'S SIGNATURE <u>Susie E. Piles</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>N.T. PHELPS</u>	ADDRESS <u>POPLAR BLUFF MO</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

APR 6 1949

RECEIVED

Public Health Officer No. 4  
File Number 249-208  
Date Filed 2-9-49

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

Marshall Blackwell

Student Embalmer No. 293

working under my personal supervision.

Signed Marshall Blackwell  
Student Embalmer

Signed N. T. Phillips

Licensed Embalmer No. 3231

P. O. Address Paplar Bluff 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.