

FILED MAY 16 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15343**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **82** PRIMARY REG. DIST. NO. **4142H** Registrar's No. **53**

1. PLACE OF DEATH a. COUNTY <b>Cooper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cooper</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Pilot Grove</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Pilot Grove</b>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) <b>HOMER LUCIAN CHAMBERLIN</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 28, 1949</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Feb 3, 1883</b>	
9. AGE (In years last birthday) <b>66</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Auctioneer</b>	
11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	

13a. FATHER'S NAME <b>Lucian Chamberlin</b>		13b. MOTHER'S MAIDEN NAME <b>Mollie Robinson</b>		14. NAME OF HUSBAND OR WIFE <b>Mrs. Alice Chamberlin</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service)		16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Leslie D. Chamberlin</b> ADDRESS <b>Pilot Grove Mo</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>BLAST INJURY, SHOCK, HEAD &amp; NECK</b>		DUE TO (b) _____		<b>20-30 min</b>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) _____		<b>89 190</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>22</b>	

19a. DATE OF OPERATION <b>April 30 1949</b>		19b. MAJOR FINDINGS OF OPERATION <b>D. Hooper</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Pilot Grove Cooper Mo</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>APRIL 28 1949 10:45 A.M.</b>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>DYNAMITE BLAST</b>	

22. I hereby certify that I attended the deceased from **April 28, 1949**, to **April 28, 1949**, that I last saw the deceased alive on **April 28, 1949**, and that death occurred at **11:58 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E.T. Humphreys</b> (Degree or title) <b>MD-1</b>		23b. ADDRESS <b>Pilot Grove, Mo</b>		23c. DATE SIGNED <b>April 29, 1949</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>May 1, 1949</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Walnut Grove</b>	
24d. LOCATION (City, town, or county) (State) <b>Boonville, Mo.</b>					

DATE REC'D BY LOCAL REG. <b>April 30, 1949</b>		REGISTRAR'S SIGNATURE <b>D.C. Hooper</b> <b>381</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Hays - Painter</b> ADDRESS <b>Pilot Grove Mo</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 9 1909

RECEIVED

District Health Officer No. 8,

District File Number \_\_\_\_\_

Date Filed 5-14-09

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 \_\_\_\_\_  
Student Embalmer

Signed Robert L. Painter

Licensed Embalmer No. 4069

P. O. Address Pilot Grove, Wis.

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.