

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43385

State File No.

1-7-50
FILED JAN 7 1950

BIRTH NO. 81735-49 REG. DIST. NO. 3343 PRIMARY REG. DIST. NO. 3074 Registrar's No. 180

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

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Parma</u>	
c. LENGTH OF STAY (in this place) <u>7</u> days		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Mo. Delta Comm. Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Donald</u> b. (Middle) <u>Kenneth</u> c. (Last) <u>Chamberlain</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>12-16-49</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never Married</u>	
8. DATE OF BIRTH <u>12-8-49</u>		9. AGE (In years last birthday) <u>8</u>		10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Parma, Mo.</u>	

13a. FATHER'S NAME <u>Donald Chamberlain</u>		13b. MOTHER'S MAIDEN NAME <u>Nola Allen</u>		14. NAME OF HUSBAND OR WIFE	
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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. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Donald Chamberlain-Parma, 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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Colmatoric Death</u>		INTERVAL BETWEEN ONSET AND DEATH <u>7 mos</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.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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?	

22. I hereby certify that I attended the deceased from 12-10, 1949, to 12-16, 1949, that I last saw the deceased alive on 12-16, 1949, and that death occurred at 7-30 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>J. M. Jones M.D.</u>		23b. ADDRESS <u>Morehouse, Mo.</u>		23c. DATE SIGNED <u>12-27-49</u>	
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24a. BURIAL, CREMATION, OR REMOVAL (Specify) <u>12/17/49</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>Malden, near</u>		24d. LOCATION (City, town, or county) (State) <u>Malden, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Dec 28-49</u>		REGISTRAR'S SIGNATURE <u>Mrs Ella Hunter</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watson Funeral Service, Parma, Mo.</u>	
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RECEIVED **DEC 3 19**

District Health Office No.

District File Number 1249-129

Date Filed _____

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 _____

(Not embalmed)

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Signed.....
Student Embalmer

Licensed Embalmer No. _____

P. O. Address _____

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.