

FILED JAN 20 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43883

State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>209</u>		PRIMARY REG. DIST. NO. <u>4320</u>		Registrar's No. <u>66</u>	
1. PLACE OF DEATH a. COUNTY <u>Marion</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Palmyra</u>		c. LENGTH OF STAY (If this place) <u>5 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Palmyra</u>		<u>0641</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>223 Bailey Street</u>				d. STREET ADDRESS (If rural, give location) <u>223 Bailey Street</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>William</u>		b. (Middle) <u>Lee</u>		c. (Last) <u>Chamberlain</u>	
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>June 20, 1869</u>	
9. AGE (In years last birthday) <u>80</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Warren, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Chamberlain</u>		13b. MOTHER'S MAIDEN NAME <u>Mollie Calvert</u>		14. NAME OF HUSBAND OR WIFE <u>Arta Mae Bruner</u>	
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>No.</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Arta Mae Chamberlain, Palmyra, Mo.</u>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Thrombosis</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Myocarditis Prostatitis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>48 hrs.</u>  <u>332x</u>	
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) m.		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 <u>Dec 1</u> , 19 <u>49</u> , to <u>Dec 30</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>Dec 29</u> , 19 <u>49</u> , and that death occurred at <u>9:30 A.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>H. V. Keimer</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>Palmyra Mo</u>		23c. DATE SIGNED <u>Dec 30 - 49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1/1/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Emden Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Emden, Mo. Shelby Co.</u>	
DATE REC'D BY LOCAL REG. <u>12/31/49</u>		REGISTRAR'S SIGNATURE <u>By Viola Beech</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Lewis Brown</u>		ADDRESS <u>Palmyra, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

6641  
64  
21  
0

**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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 7382

P. O. Address Bellevue - 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.