

FILED JAN 11 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 41209

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 594

495

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

1. PLACE OF DEATH a. COUNTY <i>Gasper</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>McDonald</i>	
b. CITY OR TOWN <i>Gasper</i> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <i>Rural Anderson Twp!</i> (If outside corporate limits, write RURAL and give township)	
c. LENGTH OF STAY (in this place) <i>2 mos</i>		d. STREET ADDRESS (If rural, give location) <i>1 mi S of Anderson</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>St Johns Hospital</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>SAMUEL</i> b. (Middle) <i>GEORGE</i> c. (Last) <i>CHAMBERLAIN</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>12-30-1950</i>		
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>11-14-1872</i>	9. AGE (in years last birthday) <i>78</i>	IF UNDER 1 YEAR: Days <i>1</i> Hours <i>10</i> Mins. <i>2</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer + Canner</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Supervisor</i>	11. BIRTHPLACE (State or foreign country) <i>East Liberty Ohio</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>

13a. FATHER'S NAME <i>Calvin Chamberlain</i>		13b. MOTHER'S MAIDEN NAME <i>Fannie Corwin</i>		14. NAME OF HUSBAND OR WIFE <i>Clara M. Chamberlain</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>✓</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Clara R. Chamberlain Anderson, Mo.</i>	

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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH <i>Arterial Sclerosis Myocarditis</i>		INTERVAL BETWEEN ONSET AND DEATH <i>?</i> <i>?</i> <i>4 1/2 hr</i>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Arterial Sclerosis</i>		
	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) (Min.)		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 9-9, 1950, to 12-30, 1950, that I last saw the deceased alive on 12-30, 1950, and that death occurred at 7:30 p m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>[Signature]</i>		23b. ADDRESS <i>Gasper, Mo.</i>		23c. DATE SIGNED <i>1/5/51</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>1</i>		24b. DATE <i>1-3-1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Anderson Cemetery</i>	
				24d. LOCATION (City, town, or county) (State) <i>Anderson Mo.</i>	

DATE REC'D BY LOCAL REG. <i>1-9-51</i>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Anderson, Mo.</i>	
--	--	--	--	---	--

RECEIVED 1-10-51
Jasper County Health Office
County File Number 50-12-998
Date Filed 1-10-51

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 ml

working under my personal supervision.

Student Embalmer No. ✓

Signed ✓
Student Embalmer

Signed R. E. Cleatham

Licensed Embalmer No. 3813

P. O. Address Anderson 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.