S. No. 300
Rev. 10.48

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7-17-51

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22837

BIRTH NO. _____ REG. DIST. NO. 136 PRIMARY REG. DIST. NO. 5500 Registrar's No. 6

0410

1. PLACE OF DEATH
a. COUNTY: Harrison
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Rural - Union Twp.
c. LENGTH OF STAY (In this place): 60 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Harrison
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Martinsville Rural - Union Twp. 0410
d. STREET ADDRESS (If rural, give location): —

3. NAME OF DECEASED (Type or Print)
a. (First): Ottie
b. (Middle): Harold
c. (Last): Chamberlin

4. DATE OF DEATH (Month) (Day) (Year): 7 - 3 - 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 7-13-1881
9. AGE (In years last birthday): 69 — IF UNDER 1 YEAR: Months 11, Days 20 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Farming
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Harrison Co. O
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Geo. H. Chamberlain
13b. MOTHER'S MAIDEN NAME: Sarah Fancher
14. NAME OF HUSBAND OR WIFE: Louviena

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME — ADDRESS: Louviena Chamberlin

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma head of Pancreas — INTERVAL BETWEEN ONSET AND DEATH: 6 Months

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: 157X
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 5-25, 1951, *to* 7-3, 1951, *that I last saw the deceased alive on* 6-25, 1951, *and that death occurred at* 11:22 P m., *from the causes and on the date stated above.*

23a. SIGNATURE: W. F. Broyles (Degree or title): MD
23b. ADDRESS: Bethany Mo
23c. DATE SIGNED: 7-6-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 7/6/1951
24c. NAME OF CEMETERY OR CREMATORY: Allen
24d. LOCATION (City, town, or county) (State): Ridgeway Mo

DATE REC'D BY LOCAL REG.: 7-12-1951
REGISTRAR'S SIGNATURE: Florence C. Powell 444
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Mostaan Bethany Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
JUL 14
DISTRICT
HEALTH OFFICE
CAMERON, MO.

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.

Signed M B Haas

Signed .....
Student Embalmer

Licensed Embalmer No. 3899

P. O. Address Bethany 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.