

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

29212

State File No.

FILED SEP 8 - 1951

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 136

1003
 200

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>Missouri</u> b. COUNTY <u>Stoddard</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>Rural</u> | |
| c. LENGTH OF STAY (in this place) <u>7 days</u> | | OR TOWN <u>Essex R. 3</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Delta Hospital</u> | | d. STREET ADDRESS (If rural, give location) <u>1030</u> <u>1</u> | |
| 3. NAME OF DECEASED a. (First) <u>Rube</u> b. (Middle) <u>J</u> c. (Last) <u>Chamberlain</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 17 1951</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>Nov 15 1896</u> |
| 9. AGE (In years last birthday) <u>54</u> | | IF UNDER 1 YEAR Months Days Hours Min. <u>54</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>mill work</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Grain Mill</u> | |
| 11. BIRTHPLACE (State or foreign country) <u>Missouri</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | |
| 13a. FATHER'S NAME <u>Edel Chamberlain</u> | | 13b. MOTHER'S MAIDEN NAME <u>Alice Chatman</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Denea Chamberlain</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. _____ | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Denea Chamberlain, Essex R. 3</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Edema of lungs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last: DUE TO (b) <u>Circulatory disturbance</u> DUE TO (c) <u>Depletion of left ventricle</u> 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) <u>4214</u> | |
| 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 <u>8/15</u> , 19 <u>51</u> , to <u>8/17</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8/17</u> , 19 <u>51</u> , and that death occurred at <u>11:05</u> p.m., from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>James C. M. Clure M.D.</u> | | 23b. ADDRESS <u>Sikeston Mo</u> | |
| 23c. DATE SIGNED <u>8/29/51</u> | | 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | |
| 24b. DATE <u>Aug 19 1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Bloomfield Cemetery</u> | |
| 24d. LOCATION (City, town, or county) (State) <u>Stoddard Mo</u> | | DATE REC'D BY LOCAL REG. <u>8-31-51</u> | |
| REGISTRAR'S SIGNATURE <u>Mrs. Cella Smith</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Watkins Funeral Service Bloomfield Mo</u> | |

RECEIVED SEP 4 1951
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 951-189

MAR 10 1958

VS MAR 18 1960

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 Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Dexter, 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.