

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11921**

FILED MAY 14 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 6 PRIMARY REG. DIST. NO. 3001 Registrar's No. 11

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

1. PLACE OF DEATH a. COUNTY <b>Audrain</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Audrain</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Vandalia,</b>		c. LENGTH OF STAY (In this place) <b>10 yrs</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Vandalia</b>		<b>0041</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>112 East Bland</b>			d. STREET ADDRESS (If rural, give location) <b>112 East Bland</b>		
3. NAME OF DECEASED (Type or Print) a. (First) <b>Lena</b>		b. (Middle) <b>E.</b>	c. (Last) <b>Chamberlain</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>May 8, 1952</b>
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>April 14, 1873</b>	9. AGE (In years) (last birthday) <b>79</b>	10. MONTHS <b>24</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife.</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Farm</b>	11. BIRTHPLACE (State or foreign country) <b>New London, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>US</b>	
13a. FATHER'S NAME <b>Richard F. Oglesby</b>		13b. MOTHER'S MAIDEN NAME <b>Mary R. Tison</b>		14. NAME OF HUSBAND OR WIFE <b>Flavius J. Chamberlain</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. John Barrett Vandalia, Mo.</b>			
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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>cerebral hemorrhage</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>essential hypertension</b> DUE TO (c) <b>generalized arteriosclerosis</b>				INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b> <b>years</b> <b>years</b>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <b>33ix</b>				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 <b>March, 1950</b> , to <b>May 8, 1952</b> , that I last saw the deceased alive on <b>MAY 8, 1952</b> , and that death occurred at <b>11:00 A.M.</b> , from the causes and on the date stated above.					
23a. SIGNATURE <b>Ernest R. Moore M.D.</b>		23b. ADDRESS <b>Vandalia Mo</b>		23c. DATE SIGNED <b>5/9/52</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>May 10, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>New Harmony Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Pike County, Missouri</b>		
DATE REC'D BY LOCAL REG. <b>May 10 1952</b>	REGISTRAR'S SIGNATURE <b>Mollie Fugate</b>	CORONER'S SIGNATURE <b>W. Waters</b>	ADDRESS <b>Vandalia, Missouri</b>		

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 Arms. B. Waters

Licensed Embalmer No. 4169

P. O. Address Dandalia 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.