

FILED APR 27 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **14583**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **324** PRIMARY REG. DIST. NO. **3672** Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH  
a. COUNTY **Saline**  
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Marshall**  
c. LENGTH OF STAY (in this place) **7 weeks**  
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION **871 South Redman Street**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).  
a. STATE **Missouri** b. COUNTY **Saline**  
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Marshall**  
d. STREET ADDRESS (If rural, give location) **346 East Vest Street**

3. NAME OF DECEASED (Type or Print) a. (First) **Thomas** b. (Middle) **Francis** c. (Last) **Chamberlain**  
4. DATE OF DEATH (Month) (Day) (Year) **April 19, 1954**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Never married** 8. DATE OF BIRTH **Feb. 19, 1875** 9. AGE (In years last birthday) **79** IF UNDER 1 YEAR Months **2** IF UNDER 12 HRS. Hours **0** Min. **0**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Clothes marker, Commercial laundry** 10b. KIND OF BUSINESS OR INDUSTRY **Commercial laundry** 11. BIRTHPLACE (State or foreign country) **Saline County, Missouri** 12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John T. Chamberlain** 13b. MOTHER'S MAIDEN NAME **Elizabeth Boatright** 14. NAME OF HUSBAND OR WIFE \_\_\_\_\_

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **No** (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. **4FA-05-088** 17. INFORMANT'S SIGNATURE OR NAME **Eva P. Chamberlain** ADDRESS **Marshall, Mo.**

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Arteriosclerotic Heart Disease**  
\*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.  
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 \_\_\_\_\_ 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) **Marshall Mo. Saline Missouri**

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 **4-17, 1954**, to **4-19, 1954**, that I last saw the deceased alive on **4-19, 1954**, and that death occurred at **3A** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) **James C. Reed MD** 23b. ADDRESS **Marshall Mo** 23c. DATE SIGNED **4-19-54**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **April 21, 1954** 24c. NAME OF CEMETERY OR CREMATORY **Ridge Park cemetery** 24d. LOCATION (City, town, or county) (State) **Marshall Mo.**

DATE REC'D BY LOCAL REG. **4-21-54** REGISTRAR'S SIGNATURE **Frederick T. Gray** 3852 FUNERAL DIRECTOR'S SIGNATURE **Campbell-Lewis** ADDRESS **Marshall, Mo.**

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

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APR 29 1954

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

*James H. Lewis Jr.*

Licensed Embalmer No. *4709*

P. O. Address. *Marshall, 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.