

FILED JUN 14 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16394

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3061 Registrar's No. 166

0942

1. PLACE OF DEATH a. COUNTY St Francois		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY St Francois	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Flat River		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Flat River	
d. FULL NAME OF HOSPITAL OR INSTITUTION 404 Roosevelt St.		d. STREET ADDRESS (If rural, give location) 404 Roosevelt St.	

3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Chamberlain c. (Last) Chamberlain			4. DATE OF DEATH (Month) (Day) (Year) May 31 1955		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Divorced	
8. DATE OF BIRTH June 4, 1882		9. AGE (In years last birthday) 72		IF UNDER 1 YEAR Months Days Hours Mins. 11 27	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housework		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Knob Lick, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Alex Chamberlain		13b. MOTHER'S MAIDEN NAME Nancy Whaley		14. NAME OF HUSBAND OR WIFE none	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Sam Chamberlain, Farmington, Mo.	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 yr +
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH: Myocarditis; arteriosclerosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Rheumatism DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 4221			

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) (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 **5-20**, 1955, to **5-31**, 1955, that I last saw the deceased alive on **5-31**, 1955, and that death occurred at **6:30 Pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) E. Shover, M.D.		23b. ADDRESS Flat River, Mo.		23c. DATE SIGNED 6-2-55	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 6/2/55		24c. NAME OF CEMETERY OR CREMATORY Knob Lick Cemetery	
		24d. LOCATION (City, town, or county) Knob Lick, Missouri		(State)	

DATE REC'D BY LOCAL REG. June 2, 1955		REGISTRAR'S SIGNATURE E. Shover		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Miller Funeral Home, Farmington, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Paul C. Dugal

Licensed Embalmer No. 4120

P. O. Address Farmington 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.