

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

FILED MAY 3-1957

State File No. **13902**

BIRTH NO. _____ REG. DIST. NO. **200** PRIMARY REG. DIST. NO. **3041** Registrar's No. **58**

1. PLACE OF DEATH a. COUNTY Macon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Macon	
b. CITY OR TOWN Macon		c. CITY OR TOWN Macon	
d. FULL NAME OF HOSPITAL OR INSTITUTION		f. STREET ADDRESS 1015 N. Rutherford 0611	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) ARCHIE	b. (Middle) WARREN	c. (Last) CHAMBERLAIN	(Month) Mar.	(Day) 29	(Year) 1957

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Mar. 11, 1882	9. AGE (In years last birthday) 75	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Dentist	10b. KIND OF BUSINESS OR INDUSTRY Pharmacist	11. BIRTHPLACE (City and State or Foreign Country) Derby Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Charles Chamberlain	13b. MOTHER'S MAIDEN NAME Candace Norton	14. NAME OF HUSBAND OR WIFE Myrtle Neel Chamberlain
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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 Mrs. Myrtle Chamberlain, Macon, Mo.	ADDRESS
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia		INTERVAL BETWEEN ONSET AND DEATH 2 months
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cardio-renal insufficiency		
	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 442x	20. AUTOPSY? 2 YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) (Min.)	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 **October, 1955**, to **March 29, 1957**, that I last saw the deceased alive on **March 22, 1957**, and that death occurred at **2:30 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Donald E Eggleston MD	23b. ADDRESS Macon, Missouri	23c. DATE SIGNED April 4, 1957
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Apr. 1, 1957	24c. NAME OF CEMETERY OR CREMATORY Memphis Cemetery	24d. LOCATION (City, town, or county) (State) Memphis Mo.
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DATE REC'D BY LOCAL REG. 4/27/57	REGISTRAR'S SIGNATURE Ruth McNeely	25. FUNERAL DIRECTOR'S SIGNATURE R. Lester Brown	ADDRESS Macon, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 8 1957

MACON COUNTY
County File No. 5,510
Date Filed 5, 11, 57

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.....
Signature of Student Embalmer

Signed *R. Lester Bram*

Licensed Embalmer No. 4472
P. O. Address *Macon, Ga.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.