

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

57-022107
STATE FILE NUMBER

FILED JUN 24 1957

Registration District No. 274 Primary Registration District No. 5930 Registrar's No. 272

1. PLACE OF DEATH a. COUNTY PETTIS				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PETTIS			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HUGHESVILLE TWP.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN HUGHESVILLE TWP.		8000 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION HOUSTONIA, MO				Length of stay in lb ENTIRE LIFE		d. STREET ADDRESS (If outside, give location) 6 MILES EAST OF HOUSTONIA, MO	
3. NAME OF DECEASED (Type or print) JASON First CHAMBERLAIN Middle CHAMBERLAIN Last				DATE OF DEATH JUNE 13, 1957		DATE Month Day Year	
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH NOVEMBER 1, 1874	
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months Days Hours Min.		11. BIRTHPLACE (City and state of country) INDEPENDENCE, MO		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING				10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE		11. BIRTHPLACE (City and state of country)	
13. FATHER'S NAME THOMAS M. CHAMBERLAIN				14. MOTHER'S MAIDEN NAME MOLLIE FORD			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address Mrs. Jason Chamberlain - Hughesville Mo			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomatosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Parkinson Syndrome DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							
INTERVAL BETWEEN ONSET AND DEATH 2 Years 10 Years							
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2							
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)					
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from Jan 26 57 to June 13 57 and last saw her alive on June 13 57 Death occurred at 11.15 PM m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE John M. Smith (Degree or title)				22b. ADDRESS R# Houstonia MO		22c. DATE SIGNED 6 14 57	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
BURIAL		JUNE 15, 1957		HIGH POINT CEMETERY		HUGHESVILLE TWP. PETTIS COUNTY, MO	
24. FUNERAL DIRECTOR ADDRESS Paul M. Moore La Monte Mo				25. DATE RECD. BY LOCAL REG. 6-15-57		26. REGISTRAR'S SIGNATURE Frances Shelby	

(Licensed Embalmer's Statement on Reverse Side)

1800
 56
 USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
 Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms written on this certificate. Coroner cannot certify to a death due to natural causes. Diseases in Part I must be casually related.

JUL 28 1957

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 Paul M. Moore

Licensed Embalmer No. 39

P. O. Address La Monte

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.