

FILED MAR 1 1951

STANDARD CERTIFICATE OF DEATH

State File No. 5729

BIRTH NO. 124		REG. DIST. NO. 316		PRIMARY REG. DIST. NO. 6075		Registrar's No. 64	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.)			
a. COUNTY St. Francois		b. CITY (If outside corporate limits, write RURAL and give town or village) Rural St. Francois		a. STATE Missouri		b. COUNTY St. Francois	
c. LENGTH OF STAY (In this place) 1 yr.		c. CITY (If outside corporate limits, write RURAL and give township) Farmington, Mo.				0947	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) 323 S. Washington St.			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) MARVIN	b. (Middle) EDWARD	c. (Last) CHAMBERLAIN	Month Feb	Day 5	Year 1951	Male	0
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct 15, 1902		9. AGE (In years last birthday) 48	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Deputy Sheriff		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Doe Run, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Bailey Chamberlain		13b. MOTHER'S MAIDEN NAME Martha Brimm		14. NAME OF HUSBAND OR WIFE Arline Chamberlain			
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. 498-10-4402		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Arline 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION					
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary artery Verdict: due to ANTECEDENT CAUSES				INTERVAL BETWEEN ONSET AND DEATH	
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) an unavoidable accident					
		DUE TO (c) crushed chest					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				and 27	
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) accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Mo. State High. W.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) near Farmington St. Francois Mo.			
21d. TIME OF INJURY (Month) (Day) (Year) Feb. 5, 1951		21e. INJURY OCCURRED (Hour) (Minute) 8:05 a.m.		21f. HOW DID INJURY OCCUR? Collision between automobile and motor freight train			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Berl G. Miller Coroner				23b. ADDRESS Farmington, Mo.		23c. DATE SIGNED 2/10/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY IOOF Doe Run Ceme.		24d. LOCATION (City, town, or county) (State) Doe Run, Mo.	
DATE REC'D BY LOCAL REG. Feb. 19, 1951		REGISTRAR'S SIGNATURE Esther Rude		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS SPARKS Flat River, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

0940

✓

File No. _____
DISTRICT HEALTH OFFICE No. 4

FEB 26 1951

RECEIVED

MAR 1 1951

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 _____

working under my personal supervision.

Signed John N. Shiman
Student Embalmer

Student Embalmer No. 415
Signed Burritt Sparks

Licensed Embalmer No. 4287

P. O. Address Flat River

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.