

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **17953**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **707**

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>Buchanan</b>		
b. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		c. LENGTH OF STAY (in this place) <b>8 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>St. Joseph</b>		d. STREET ADDRESS (If rural, give location) <b>1506 S. 34th St</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>1506 S. 34th St</b>			d. STREET ADDRESS (If rural, give location) <b>1506 S 34th St</b>		

3. NAME OF DECEASED (Type or Print) a. (First) <b>Lyle</b> b. (Middle) <b>Walter</b> c. (Last) <b>Chamberlain</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>6-30-1954</b>		
5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>10-10-1892</b>		9. AGE (In years last birthday) <b>61</b> # UNDER 1 YEAR <b>8</b> MONTHS <b>20</b> DAYS # UNDER 10 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>REAL ESTATE BROKER</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>HUNNIS, NEBRASKA.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Walter Lee Chamberlain</b>		13b. MOTHER'S MAIDEN NAME <b>Nellie Ruddle</b>		14. NAME OF HUSBAND OR WIFE <b>W. VANDORA Chamberlain</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>486-05-9185</b>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <b>Mrs. Vandora Chamberlain 1506 S. 34th St</b>		

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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Arteriosclerosis</b>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Accident</b>  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.			INTERVAL BETWEEN ONSET AND DEATH <b>6 mo.</b>
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>331X</b>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) SUICIDE HOMICIDE		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 **1-1, 1954** to **6-30, 1954** that I last saw the deceased alive on **6-5, 1954**, and that death occurred at **2:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree of title) <b>Warren C. Bakum</b>		23b. ADDRESS <b>Savannah, Mo.</b>		23c. DATE SIGNED <b>7-1-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>7-2-1954</b>	24c. NAME OF CEMETERY OR CREMATORY <b>BOLCKOW</b>		24d. LOCATION (City, town, or county) (State) <b>BOLCKOW MO</b>

DATE REC'D BY LOCAL REG. <b>July 6, 1954</b>	REGISTRAR'S SIGNATURE <b>KATHER M. ALLISON</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>4815 Breit Funeral Home</b>		ADDRESS <b>SAVANNAH MO</b>
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(Licensed Embalmer's Statement on Reverse Side)

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Savannah 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.