

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

44

STATE FILE NUMBER

FILED FEB 11 1958

Registration District No. 2 Primary Registration District No. 5010 Registrar's No. 14

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <u>Andrew</u>	a. STATE <u>Missouri</u>		b. COUNTY <u>Andrew</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bolckow - rural</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Bolckow</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Family home</u>	Length of stay in 1b	d. STREET ADDRESS <u>4 miles east</u>	(If outside, give location) <u>Reside on Farm</u> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print)

First	Middle	Last	4. DATE OF DEATH	Month	Day	Year
<u>ARDERY</u>	<u>W.</u>	<u>CHAMBERLAIN</u>	<u>2</u>	<u>2</u>	<u>58</u>	

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>12/7/99</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
--------------------	-------------------------------	---	---------------------------------	---	---------------------------	--------------------------	-------	------

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Own account</u>	11. BIRTHPLACE (City and state or country) <u>Bolckow, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	--	--	---

13. FATHER'S NAME <u>W. L. Chamberlain</u>	14. MOTHER'S MAIDEN NAME <u>Nellie V. Ruddle</u>
--	--

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yrs. give war or dates of service) <u>unknown</u>	17. INFORMANT <u>J. Dorr Ewing, Maryville, Mo.</u>	Address
--	---	--	---------

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Carbon monoxide poisoning</u>		<u>minutes</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Automobile exhaust.</u>	
	DUE TO (c)	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>Vacuum-sweeper hose from automobile tail-pipe</u>
20c. TIME OF INJURY Hour <u>—</u> Month <u>Feb.</u> Day <u>2,</u> Year <u>1958</u>	

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>Farm garage</u>	20f. CITY, TOWN, OR LOCATION <u>R.F.D.#2, Bolckow</u>	COUNTY <u>Andrew</u>	STATE <u>Mo.</u>
---	--	---	----------------------	------------------

21. I attended the deceased from — to 2/2/58 and last saw him alive on —  
Death occurred at Sunday - a. m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>W. B. Maxwell, D.O., Coroner</u>	22b. ADDRESS <u>307 W. Main, Savannah, Mo.</u>	22c. DATE SIGNED <u>2/7/58</u>
--	--	--------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>2/6/58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Bolckow</u>	23d. LOCATION (City, town, or county) (State) <u>Bolckow, Missouri</u>
---	-------------------------	---	--

24. FUNERAL DIRECTOR <u>Price Funeral Home, Maryville, Mo.</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>2-8-58</u>	26. REGISTRAR'S SIGNATURE <u>Lillian Sparks</u>
--	---------	--	---

(Licensed Embalmer's Statement on Reverse Side)

Health, welfare, public service  
00-56  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

MAR 12 1958

---

---

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Clem M. Price*.....

Licensed Embalmer No. *18*

P. O. Address *Marion*

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.