

FILED FEB 10 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 130

BIRTH NO. _____		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 5111		Registrar's No. 10	
1. PLACE OF DEATH a. COUNTY <u>Bollinger</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural Liberty</u> c. LENGTH OF STAY (In this place) _____ d. FULL NAME OF HOSPITAL OR INSTITUTION <u>none</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Bollinger</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural</u> d. STREET ADDRESS (If rural, give location) <u>near Advance, Mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>ISAAC</u> b. (Middle) _____ c. (Last) <u>CHAPPOOL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 24, 1949</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 12, 1872</u>		9. AGE (In years last birthday) <u>77</u>		10. IF UNDER 1 YEAR: Months _____ Days _____	
11. USUAL OCCUPATION (Give kind of work done during the most of working life, even if retired) <u>Farmer</u>		12. KIND OF BUSINESS OR INDUSTRY _____		13. BIRTHPLACE (State or foreign country) <u>Phillips, Chib</u>		14. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
15. FATHER'S NAME <u>Bryan Chapool</u>		16. MOTHER'S MAIDEN NAME <u>Betsy Graves</u>		17. NAME OF HUSBAND OR WIFE _____		18. WAS DECEASED EVER IN U.S. ARMY OR FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or name of service) _____	
19. SOCIAL SECURITY NO. <u>none</u>		20. INFORMANT'S SIGNATURE OR NAME <u>Bryan Chapool</u>		21. ADDRESS <u>Bloomfield, Mo.</u>		22. MEDICAL CERTIFICATION 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</u> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Decompensation</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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. <u>4343</u>	
23. DATE OF OPERATION <u>None</u>		24. MAJOR FINDINGS OF OPERATION _____		25. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		26. ACCIDENT SUICIDE HOMICIDE <u>None</u> (Specify)	
27. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		28. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		29. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____		30. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
31. HOW DID INJURY OCCUR? _____		32. 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.		33. SIGNATURE <u>John J. Myers (Coroner)</u>		34. ADDRESS <u>Luttrell, Mo</u>	
35. DATE SIGNED <u>2/2/49</u>		36. BIRTHAL, CREMATION, REMOVAL (Specify) <u>None</u>		37. DATE <u>Jan. 27, 1949</u>		38. NAME OF CEMETERY OR CREMATORY <u>Farmers Ave.</u>	
39. LOCATION (City, town, or county) (State) <u>Chillicothe, Illinois</u>		40. DATE REC'D BY LOCAL REG. <u>Feb. 4 1949</u>		41. REGISTRAR'S SIGNATURE <u>Willie Van Amburgh</u>		42. FUNERAL DIRECTOR'S SIGNATURE <u>Clayton S. Morgan</u>	
43. ADDRESS _____		44. _____		45. _____		46. _____	

(Licensed Embalmer's Statement on Reverse Side)

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

Officer No. 4
File Number 249-211
2-9-49

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.

Student
Student Embalmer

Signed _____

Student Embalmer No. _____

Licensed Embalmer No. 3361

P. O. Address Advance, W

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.