

No. 300  
10-48

FILED JUN 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 16689

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4346 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>	
b. CITY OR TOWN <u>Montgomery City</u>		c. CITY OR TOWN <u>Montgomery City</u>	
c. LENGTH OF STAY (in this place) <u>60</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>Cook</u> c. (Last) <u>Chapin</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 6 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>April 20, 1881</u>
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR: Months <u>1</u> Days <u>16</u>	
IF UNDER 12 HRS: Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Postal Service</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Montgomery City, Missouri</u>
			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
13a. FATHER'S NAME <u>William S. Chapin</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Susan Johnson</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Charles N. Vandenberg</u> ADDRESS <u>Montgomery, Mo.</u>
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) <u>Pulmonary Carcinoma</u> INTERVAL BETWEEN ONSET AND DEATH <u>6 mos</u> ANTECEDENT CAUSES DUE TO (b) <u>Gastric Carcinoma</u> <u>6 8 mos</u> DUE TO (c) <u>Generalized Arteriosclerosis</u> <u>10 yrs</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Hypostatic pneumonia</u> <u>1 1/2 X</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>neg. Prostatic Operation - June 1948</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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)		21e. HOW DID INJURY OCCUR?	
21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
22. I hereby certify that I attended the deceased from <u>10-10</u> , 19 <u>47</u> to <u>6-6</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6-6</u> , 19 <u>49</u> , and that death occurred at <u>8:20</u> m.; from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>E. T. Andersen, Jr., D.O.</u>		23b. ADDRESS <u>Montgomery City, Mo.</u>	23c. DATE SIGNED <u>6/7/49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>June 12 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mountain View Mausoleum</u>	24d. LOCATION (City, town, or county) (State) <u>Altadena, California</u>
DATE REC'D BY LOCAL REG. <u>6-7-49</u>	REGISTRAR'S SIGNATURE <u>Bernice C. Wyatt</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W. Schumaker, Montgomery, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

875182100

JAN 27 1918

JUL 1 1918

**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.

Signed \_\_\_\_\_

*E. Brone Schrab*

Signed \_\_\_\_\_

Student Embalmer

Licensed Embalmer No. *136*

P. O. Address \_\_\_\_\_

*Montgomery City, Md.*

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.