

FILED MAY 20 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17151

State File No. 4142

318

1003

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. _____		Registrar's No. _____			
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u>				b. COUNTY <u>12</u>	
b. CITY (If outside corporate limits, write RURAL and give town)		c. LENGTH OF STAY (In this place) township)		c. CITY (If outside corporate limits, write RURAL and give township)		OR TOWN <u>Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Mo Pacific Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>RFB 4</u>					
3. NAME OF DECEASED a. (First) <u>GILLIE</u>		b. (Middle) <u>JAMES</u>		c. (Last) <u>CHAPPELL</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 7 49</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED 1</u>		8. DATE OF BIRTH <u>12-12-1894</u>			
9. AGE (In years last birthday) <u>54</u>		10. USUAL OCCUPATION (Give kind of work done during last year of working life, even if retired) <u>Housekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Mo Pac RR</u>		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Andrew Chappell</u>		13b. MOTHER'S MAIDEN NAME <u>Retta Brooks</u>		14. NAME OF HUSBAND OR WIFE <u>Maudie</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Wm. B. J. Chappell - Poplar Bluff</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>Spontaneous Rt. Pneumothorax</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>			
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Right Heart Failure</u>				2 days			
		DUE TO (c)							
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>old inactive? tuberculosis?</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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) <u>12 Mo</u>		21d. (STATE) <u>Mo</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>acc 2 X</u>					
22. I hereby certify that I attended the deceased from <u>5-2</u> , 19 <u>49</u> , to <u>5-7</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>5-7</u> , 19 <u>49</u> , and that death occurred at <u>1452</u> m., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Harvard J. Davidson, M.D.</u>				23b. ADDRESS <u>Mo. Pac. Hosp'l St. Louis Mo.</u>		23c. DATE SIGNED <u>5-7-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-7-49</u>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Poplar Bluff Mo</u>			
DATE REC'D BY LOCAL REG. <u>MAY 9 1949</u>		REGISTRAR'S SIGNATURE <u>J B Fasater</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rowland Mortuary Service</u>					

(Licensed Embalmer's Statement on Reverse Side)

4104 Manchester Ave.

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

JUN 29 1953

4142

OCT 20 1953

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 Van M Sizemore

Signed.....
Student Embalmer

Licensed Embalmer No. 4343

P. O. Address Atlanta 10

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.