

FILED JUL 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH22310
36
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>6183</u>		Registrar's No. _____	
1. PLACE OF DEATH ^a				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)			
a. COUNTY <u>Sullivan</u>		b. STATE <u>Mo</u>		b. COUNTY <u>Sullivan</u>		105	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan - Polk 5 1/2 miles</u>		c. LENGTH OF STAY (In this place) <u>5 1/2 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u>		0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sullivan Co Rest Home</u>				d. STREET ADDRESS (If rural, give location) <u>Polk Twp.</u>			
3. NAME OF DECEASED			4. DATE OF DEATH			5. (Month) (Day) (Year)	
a. (First) <u>William</u>	b. (Middle) <u>Henry</u>	c. (Last) <u>Chapman</u>	6. (Month) <u>6</u>	7. (Day) <u>22</u>	8. (Year) <u>1949</u>		
9. SEX <u>Male</u>	10. COLOR OR RACE <u>White</u>	11. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	12. DATE OF BIRTH <u>10-6-1872</u>	13. AGE (In years last birthday) <u>76</u>	14. MONTHS <u>8</u>	15. DAYS <u>16</u>	16. HOURS <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u></u>		11. BIRTHPLACE (State or foreign country) <u>Milan - Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>Tim Chapman</u>			13b. MOTHER'S MAIDEN NAME <u>Don't know</u>			14. NAME OF HUSBAND OR WIFE <u>Rose Bebe - dead</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u></u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Cherene Chapman</u>		ADDRESS <u>Milan</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CORONARY THROMBOSIS</u>				?	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				YRS ?	
		DUE TO (b) <u>LEFT VENTRICULAR REGURGITATION</u>				YRS ?	
		DUE TO (c) <u>AORTIC STENOSIS</u>				YRS ?	
		II. OTHER SIGNIFICANT CONDITIONS				4/20	
		Conditions contributing to the death but not related to the disease or condition causing death.					
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) (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 <u>4-22</u> , 19 <u>49</u> , to <u>6-8</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>6-22</u> , 19 <u>49</u> , and that death occurred at <u>5 a</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Joseph E. Priore DO</u>				23b. ADDRESS <u>MILAN, MISSOURI</u>		23c. DATE SIGNED <u>6-25-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/23/49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood</u>		24d. LOCATION (City, town, or county) (State) <u>Milan Mo</u>		
DATE REC'D BY LOCAL REG. <u>July 1-1949</u>		REGISTRAR'S SIGNATURE <u>Mrs. H. B. Harris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Joseph Schaefer</u>		ADDRESS <u>Milan Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

SEP 19 1949

RECEIVED

District Health Officer

District File Number 7-49-4

Date Filed JUL 5 1949

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

D. Morris Cleeton

Student Embalmer No. *238*

working under my personal supervision.

Signed *D. Morris Cleeton*
Student Embalmer

Signed *Dwight Schaefer*
Licensed Embalmer No. *2667*

P. O. Address *Milwaukee, 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.