

FILED OCT 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33784**
4377

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>4377</u>			
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>63 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>					
d. FULL NAME OF (If not in hospital or institution, give street address & location) HOSPITAL OR INSTITUTION <u>3659 Jefferson</u>				d. STREET ADDRESS (If rural, give location) <u>3659 Jefferson</u>					
3. NAME OF DECEASED (Type or Print) <u>FRANK B. CHAPEZE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 11, 1949</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Feb. 23, 1885</u>			
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Months		IF UNDER 11 HRS. Hours		Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Live Stock Trader</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>		
13a. FATHER'S NAME <u>Benjamin F. Chapeze</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Keyes</u>			14. NAME OF HUSBAND OR WIFE <u>Ruth Chapeze</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>			16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Ruth Faulkner</u>			ADDRESS <u>3659 Jefferson</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the cause of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis Heart</u> DUE TO (c) <u>Disease</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>42 yr</u>					20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>natural</u>		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 _____, 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.									
23a. SIGNATURE <u>Hugh H. Owens</u> (Degree or title)				23b. ADDRESS <u>1030 Paulina Bldg</u>		23c. DATE SIGNED <u>10-12-49</u>			
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10/12/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Forest Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>10-13-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>			25. FUNERAL DIRECTOR'S SIGNATURE <u>Stine & McClure Co.</u>			ADDRESS <u>Kansas City, Mo.</u>	

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

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 Embalmer No.

Signed _____

S J Allen

Signed
Student Embalmer

Licensed Embalmer No. 1415

P. O. Address Heine

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.