

FILED JAN 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

2359

State File No.

No. 300

10-48

BIRTH NO. _____		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No. 39	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Stone			
b. CITY (If outside corporate limits, write RURAL and give township) St Louis Mo		c. LENGTH OF STAY (In this place) 7 days		c. CITY (If outside corporate limits, write RURAL and give township) Blue Eye			
d. FULL NAME OF HOSPITAL OR INSTITUTION Barnes Hospital				d. STREET ADDRESS (If rural, give location) NR			
3. NAME OF DECEASED (Type or Print)		a. (First) JAY		b. (Middle) W		c. (Last) CHAPMAN	
4. DATE OF DEATH (Month) (Day) (Year) 1-3-50		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Oct. 19, 1904		9. AGE (In years last birthday) 45		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Carroll Co., Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Joseph L. Chapman		13b. MOTHER'S MAIDEN NAME Sarah Ann Tacker		14. NAME OF HUSBAND OR WIFE Cleta Mae Chapman			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. Unknown		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cleta Mae Chapman, Blue Eye, Mo.			
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) Brain tumor, malignant 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.				INTERVAL BETWEEN ONSET AND DEATH 3 months	
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) (STATE) 54			
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? 193X			
22. I hereby certify that I attended the deceased from 12-28, 1949 , to 1-3, 1950 , that I last saw the deceased alive on 1-3, 1950 , and that death occurred at 12 m. , from the causes and on the date stated above.							
23a. SIGNATURE JR Bradley				(Degree or title) MD		23b. ADDRESS Barnes Hospital,	
23c. DATE SIGNED 1/3/50		24a. BURIAL CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-3-50		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) Berryville, Ark.		DATE REC'D BY LOCAL HEALTH DEPT. JAN 3 1950		REGISTRAR'S SIGNATURE J. Hasater			
25. FUNERAL DIRECTOR'S SIGNATURE Albert H. Hoppe				ADDRESS 4700 Washington Blvd.			

(Licensed Embalmer's Statement on Reverse Side)

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

68

[Handwritten mark]

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 Me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Guy W Wilkinson

Licensed Embalmer No. 3575

P. O. Address St Louis 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.