

FILED MAR 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5695

BIRTH NO. _____ REG. DIST. NO. 274 PRIMARY REG. DIST. NO. 5935 Registrar's No. 50

1. PLACE OF DEATH a. COUNTY <u>Pettis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Sedalia</u> <u>5800</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>R.F.D. #4</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R.F.D. #4</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D. #4</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charles</u> b. (Middle) <u>William</u> c. (Last) <u>Chappell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 5 - 1950</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>June 28 - 1873</u>
9. AGE (In years last birthday) <u>76</u>		10. MONTHS <u>7</u>	11. DAYS <u>2</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	
11. BIRTHPLACE (State or foreign country) <u>Taylor Co. - Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Wm C. Chappell</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Rogers Bambena</u>	
14. NAME OF HUSBAND OR WIFE <u>Bambena</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state unit or dates of service) <u>no</u>	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Bambena Chappell</u> ADDRESS <u>Sedalia</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gastro Intestinal Upset</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4201</u>	
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)		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>Feb 1, 1950</u> , to <u>Feb 5, 1950</u> , that I last saw the deceased alive on <u>Feb 4, 1950</u> , and that death occurred at <u>3 P. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>G. L. Walter D.M.D.</u> (Degree or title)		23b. ADDRESS <u>Sedalia Mo</u>	
23c. DATE SIGNED <u>2-7-50</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2-7-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Sedalia Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>McLaughlin Bros</u> ADDRESS <u>Sedalia</u>	
DATE REC'D BY LOCAL REG. <u>2-7-50</u>		REGISTRAR'S SIGNATURE <u>Betty Yeager Deputy</u> 251	

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

5800

RECEIVED

FEB 13

District Health Officer No. 8,

District File Number _____

Date Filed 2-28-50

MAY 15 1956

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.

Student _____
Student Embalmer

Signed K. P. McCreary

Licensed Embalmer No. 3159

P. O. Address Bedford, N.C.

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.