

THE DIVISION OF HEALTH OF MISSOURI
FILED APR 1 1950 STANDARD CERTIFICATE OF DEATH

State File No. 2679

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 367

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph 0111	
c. LENGTH OF STAY (in this place) 40 yrs		d. STREET ADDRESS (If rural, give location) 1524 S. 33rd Street 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1524 S. 33rd Street			

3. NAME OF DECEASED (Type or Print) Eltie	a. (First)	b. (Middle) La Verne	c. (Last) Chapman	4. DATE OF DEATH March 17, 1950
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH January 27, 1899	9. AGE (In years last birthday) 51	10. MONTHS	11. DAYS	12. HOURS	13. MIN.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY At home	11. BIRTHPLACE (State or foreign country) New Market, Missouri. 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Edward Mattucke	13b. MOTHER'S MAIDEN NAME Nancy Ann Tarter	14. NAME OF HUSBAND OR WIFE Andrew W. Chapman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Josephine V. Heea	ADDRESS St. Joseph, Missouri.
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH 2 hrs
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) chronic myocarditis 1 yr.		
	DUE TO (c)		42211
II. OTHER SIGNIFICANT CONDITIONS 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"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 2/17, 1950, to 3/17, 1950, that I last saw the deceased alive on 2/17, 1950, and that death occurred at 5:45P m., from the causes and on the date stated above.

23a. SIGNATURE W. M. Zaethke, M.D.	(Degree or title)	23b. ADDRESS St. Joseph, Mo.	23c. DATE SIGNED 3/18/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Mar. 20, 1950	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.
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DATE REC'D BY LOCAL REG. Mar 28, 1950	REGISTRAR'S SIGNATURE K. G. Jenkins 382	25. FUNERAL DIRECTOR'S SIGNATURE Walter Meierhoffer	ADDRESS 1946 Colhoun St. St. Joseph, Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 Robert C. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.