

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12418

State File No.

BIRTH NO. 4-6-50 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 4153 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY <u>Dade Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dade</u> <u>0290</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lockwood Mo</u>		c. LENGTH OF STAY (In this place) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lockwood Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Rural</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Gorley</u> b. (Middle) <u>Vernor</u> c. (Last) <u>Chappell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 2 1950</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 1 1876</u>	9. AGE (In years last birthday) <u>74</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>1</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Dade Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>usa</u>

13a. FATHER'S NAME <u>Evan T. Chappell</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Chappell</u>		14. NAME OF HUSBAND OR WIFE <u>Alpha Chappell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Howard Chappell Lockwood Mo. rtl</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>Uremia</u> ANTECEDENT CAUSES <u>Nephrosclerosis</u> 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 <u>8 days</u> <u>several</u> <u>years</u> <u>2146X</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) m.		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 March 28th, 1950, to April 2nd, 1950, that I last saw the deceased alive on April 2nd, 1950, and that death occurred at 10:00 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Max Heithmann M.D. U</u>		23b. ADDRESS <u>Lockwood, Mo</u>		23c. DATE SIGNED <u>4-4-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 4, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kings Point</u>	
24d. LOCATION (City, town, or county) (State) <u>Dade Co Mo</u>					

DATE REC'D BY LOCAL REG. <u>4-6-50</u>		REGISTRAR'S SIGNATURE <u>Res. L. Weir</u> <u>790</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.R. Allison Greenfield Mo</u>	
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RECEIVED APR 10 1950
District Health Office No. 6,
District File Number 450-427
Date Filed 4-10-50

APR 13 1950

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 W.R. Allison

Licensed Embalmer No. 4404

P. O. Address Summitfield 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.