

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15521

BIRTH NO. _____ REG. DIST. NO. 3223 PRIMARY REG. DIST. NO. 6087 Registrar's No. 13

0970

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

1. PLACE OF DEATH a. COUNTY <u>Saline</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Saline</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Elmwood</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural, Elmwood</u>	
c. LENGTH OF STAY (in the place) <u>W</u>		d. STREET ADDRESS (If rural, give location) <u>8 miles north of Sweet Springs</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Elmwood, north of Sweet Springs</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Myrtle</u> b. (Middle) <u>Ellen</u> c. (Last) <u>Chappell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 1 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 23, 1870</u>	
9. AGE (In years last birthday) <u>80</u>		10. IF UNDER 1 YEAR Months <u>2</u> Days <u>8</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	
11. BIRTHPLACE (State or foreign country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>J. B. McCarty</u>		13b. MOTHER'S MAIDEN NAME <u>Ammie King</u>	
14. NAME OF HUSBAND OR WIFE <u>Lee 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 <u>Lee Chappell, Sweet Springs, Mo.</u>		ADDRESS	
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) <u>Pulmonary Edema</u> ANTECEDENT CAUSES DUE TO (b) <u>Cerebral apoplexy</u> DUE TO (c) <u>Hypertensive Cardiovascular disease?</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>443X</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) (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 <u>27 March, 1950</u> , to <u>1 Apr.</u> , 1950, that I last saw the deceased alive on <u>1 April, 1950</u> , and that death occurred at <u>2:00 p.m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Ralph H. Jones D.M.D.</u>		23b. ADDRESS <u>Sweet Springs, Mo.</u>	
23c. DATE SIGNED <u>1 April 1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>April 3 1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Blackburn Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Blackburn Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4/3/50</u>		REGISTRAR'S SIGNATURE <u>Dolly Andrew</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Edgar L. Moody</u>		ADDRESS <u>Sweet Springs</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 4-10-50
District Health Officer No. 8,
District File Number #
Date Filed 4-19-50

FEB 21 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

Edgar L. Moseley

Licensed Embalmer No. 4711

P. O. Address

Swat Springs Fla

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.