

FILED SEP 29 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30885

517  
4

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

BIRTH NO. _____		REG. DIST. NO. 164		PRIMARY REG. DIST. NO. 3032		Registrar's No. 112	
1. PLACE OF DEATH a. COUNTY Johnson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Johnson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Warrensburg		c. LENGTH OF STAY (In this place) 10 Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holden		05-10	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nace Nursing Home				d. STREET ADDRESS (If rural, give location) Holden, Missouri			
3. NAME OF DECEASED (Type or Print) Mary		a. (First)		b. (Middle)		c. (Last) Chapman	
4. DATE OF DEATH Sept 8, 1950		5. SEX female		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	
8. DATE OF BIRTH Oct 19, 1872		9. AGE (In years last birthday) 77		IF UNDER 1 YEAR Months Days 10 19		IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home		11. BIRTHPLACE (State or foreign country) Holden, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Peter Reuter		13b. MOTHER'S MAIDEN NAME Julia Sullivan		14. NAME OF HUSBAND OR WIFE Nelson Chapman, dec'd			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. XXXXXX		17. INFORMANT'S SIGNATURE OR NAME Anna Moser, St. Louis, Missouri			
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) <i>Cerebral Hemorrhage</i>  ANTECEDENT CAUSES Morbidity 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. <i>Chr. Valvular Disease</i>				INTERVAL BETWEEN ONSET AND DEATH <i>3 days</i>  <i>331X</i>  <i>2</i>	
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) <i>Warrensburg, Johnson Mo</i>		21f. HOW DID INJURY OCCUR	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <i>Sept 8, 1950</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>					
22. I hereby certify that I attended the deceased from <i>March 1, 1950</i> , to <i>Sept 8, 1950</i> , that I last saw the deceased alive on <i>Sept 8, 1950</i> , and that death occurred at <i>11:15 m.</i> , from the causes and on the date stated above.							
23a. SIGNATURE <i>E. W. Hoover, M.D.</i>				23b. ADDRESS <i>1544 W. 1st St., No. 15</i>		23c. DATE SIGNED <i>Sept 10, 50</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Sept 10, '50		24c. NAME OF CEMETERY OR CREMATORY Sunset Hill		24d. LOCATION (City, town, or county) (State) Warrensburg, Missouri	
DATE REC'D BY LOCAL REG. Sept 11, 1950		REGISTRAR'S SIGNATURE <i>Sarah Ann C. C. C.</i>		25. FUNERAL DIRECTOR'S SIGNATURE Canada & Ropp, Holden, Missouri			

RECEIVED  
SEP 19 1950  
JOHNSON COUNTY HEALTH DEPT.

**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. L. Canada

Licensed Embalmer No. 3434

P. O. Address Holden, 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.