S. No. 300
v. 10.48

FILED APR 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7988

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 11

0361
1

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

1. PLACE OF DEATH
a. COUNTY: FRANKLIN
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SULLIVAN
c. LENGTH OF STAY (in this place): 40 YRS.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 454 N. Church

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: FRANKLIN
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): SULLIVAN 0361
d. STREET ADDRESS (If rural, give location): 454 N CHURCH 0

3. NAME OF DECEASED (Type or Print)
a. (First): CLAUDE
b. (Middle): EARL
c. (Last): CHAPMAN

4. DATE OF DEATH (Month) (Day) (Year): MARCH 28 1951

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED 1
8. DATE OF BIRTH: JUNE 24 1879
9. AGE (In years last birthday): 71 — IF UNDER 1 YEAR: Months 9, Days 4 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): LIVESTOCK DEALER
10b. KIND OF BUSINESS OR INDUSTRY: LIVESTOCK
11. BIRTHPLACE (State or foreign country): CRAWFORD COUNTY Mo
12. CITIZEN OF WHAT COUNTRY?: U.S.A

13a. FATHER'S NAME: CHARLES MARVIN CHAPMAN
13b. MOTHER'S MAIDEN NAME: SARAH ELIZABETH DEFFEBACH
14. NAME OF HUSBAND OR WIFE: EFFIE VIRGINIA CHAPMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: Mrs Effie Chapman — ADDRESS: Sullivan, Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Carcinoma of liver

ANTECEDENT CAUSES
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: Months 4 or more

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 156A
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 2-24, 1951, *to* 3-28, 1951, *that I last saw the deceased alive on* 3-28, 1951, *and that death occurred at* 1:10 *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. A. Prentor MD
23b. ADDRESS: 100 W Main Sullivan Mo
23c. DATE SIGNED: 3-30-1951

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL 11
24b. DATE: 3-31-51
24c. NAME OF CEMETERY OR CREMATORY: ODDFELLOWS
24d. LOCATION (City, town, or county) (State): SULLIVAN Mo

DATE REC'D BY LOCAL REG.: 3-30-51
REGISTRAR'S SIGNATURE: C. A. Prentor 97 0
25. FUNERAL DIRECTOR'S SIGNATURE: H M Eaton — ADDRESS: Sullivan, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
APR 3 1951
DISTRICT HEALTH OFFICE No. 4
File No. _____

VS MAY 14 1951

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 _____

working under my personal supervision.

Student Embalmer No. _____

Signed Edgar W. Laffoon

Licensed Embalmer No. 3394

P. O. Address Sullivan Mo

Signed _____
Student Embalmer

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.