

FILED MAY 29 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17038

State File No. _____
Registrar's No. 122

BIRTH NO. _____		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		State File No. _____		Registrar's No. 122			
1. PLACE OF DEATH					2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).						
a. COUNTY Jasper		b. CITY (If outside corporate limits, write RURAL and give town or township) Carthage			c. LENGTH OF STAY (in this place) _____		a. STATE Missouri		b. COUNTY Jasper		
d. FULL NAME OF HOSPITAL OR INSTITUTION McCune Brooks Hospital					c. CITY (If outside corporate limits, write RURAL and give township) Carthage 0493					d. STREET ADDRESS (If rural, give location) 419 Oak St., 0	
3. NAME OF DECEASED (Type or Print)			a. (First) Mollie		b. (Middle) (n)		c. (Last) CHAPMAN		4. DATE OF DEATH (Month) (Day) (Year) May 23, 1951		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 16, 1885		9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 18 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 b- - -			11. BIRTHPLACE (State or foreign country) Lamar, Mo.			12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Elijah Moore			13b. MOTHER'S MAIDEN NAME Carril Nelson			14. NAME OF HUSBAND OR WIFE W. T. Chapman					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. No			17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. W. T. Chapman Carthage, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION								INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Thrombosis								less than one hour	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Two previous infarcts within 24 months.									
		DUE TO (c) _____									
		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"/>	
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)			4201			
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 1/8/51, 1951, to 5/23/51, 1951, that I last saw the deceased alive on 5/16, 1951, and that death occurred at 2:20 P.M., from the causes and on the date stated above.											
23a. SIGNATURE Haul H. Bremer					0 (Degree or title) M.D.			23b. ADDRESS Carthage, Mo.		23c. DATE SIGNED 5-23-51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-28-51		24c. NAME OF CEMETERY OR CREMATORY Park Cemetery			24d. LOCATION (City, town, or county) (State) Carthage, Mo.				
DATE REC'D BY LOCAL REG. 5-25-51		REGISTRAR'S SIGNATURE L.B. Blinton			139		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Ulmer Funeral Home Carthage, Mo.				

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

RECEIVED 5-28-51

Jasper County Health Office

County File Number 61/5/432

Date Filed 5-28-51

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. _____
Gene C. Pugh

Student
Student Embalmer

Signed _____
Gene. C. Pugh.

Licensed Embalmer No. 4231

P. O. Address Carthage, 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.