

FILED JUL 13 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22427

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 4119 Registrar's No. 22

1. PLACE OF DEATH a. COUNTY Christian Co		2. USUAL RESIDENCE (Where deceased lived; if institution, residence before admission). a. STATE Mo COUNTY Christian Co	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark, Mo		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark, Mo	
c. LENGTH OF STAY (In this place) 90 yrs			
d. FULL NAME OF HOSPITAL OR INSTITUTION Hagewood Hospital		d. STREET ADDRESS (If rural, give location) Ozark Mo	

3. NAME OF DECEASED (Type or Print) a. (First) Geniva b. (Middle) Wills c. (Last)			4. DATE OF DEATH (Month) (Day) (Year) May 13, 1951			
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Nov 14, 1859	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Mo		12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Stanford Chapman		13b. MOTHER'S MAIDEN NAME Ann Horn		14. NAME OF HUSBAND OR WIFE Widowed	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs Zoe Gibson, Ozark 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 2 or 3 yrs 9 wks 5 yrs
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Insufficiency		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Viral Pneumonia DUE TO (c) 492X F		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Fracture of hip which she failed to recover			
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)	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 **mar 7, 1951**, to **may 13, 1951**, that I last saw the deceased alive on **may 13, 1951**, and that death occurred at **3:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or Title) R.R. Farthing M.D.	23b. ADDRESS Ozark Mo	23c. DATE SIGNED may 22-51
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 15, 1951	24c. NAME OF CEMETERY OR CREMATORY Chapman Cemetry
		24d. LOCATION (City, town, or county) (State) Christian Co Mo

DATE REC'D BY LOCAL REG. July 10-1951	REGISTRAR'S SIGNATURE Luteta Leonard 5A	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS T. B. Cheffin Ozark, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED JUL 14 1951

Dist. File 251-1337

Date Filed 7-14-51

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.....

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed F. B. Chaffin

Licensed Embalmer No. 2192

P. O. Address Ozark 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.