S. No. 300
v. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36234

FILED DEC 7 1951

BIRTH NO. _____ REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 321

0013
0

1. PLACE OF DEATH
a. COUNTY: Adair
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (In this place): 28 Dec.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Laughlin

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Ill.
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Decatur 8120
d. STREET ADDRESS (If rural, give location): 1424 Gulick

3. NAME OF DECEASED (Type or Print)
a. (First): Cash
b. (Middle): Martin
c. (Last): Chappell

4. DATE OF DEATH (Month) (Day) (Year): Nov. 26, 1951

5. SEX: M
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan. 1, 1887
9. AGE (In years last birthday): 64 — 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): Construction
10b. KIND OF BUSINESS OR INDUSTRY: Ret.
11. BIRTHPLACE (State or foreign country): Ill.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Chappell Indiainsworth
13b. MOTHER'S MAIDEN NAME: Georgiann Dixon
14. NAME OF HUSBAND OR WIFE: Hazel K. Chappell

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. Hazel K. Chappell, Decatur Ill.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Generalized Carcinomatosis — Interval between onset and death: Unknown

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. 1991

19a. DATE OF OPERATION: 11-1-51
19b. MAJOR FINDINGS OF OPERATION: Generalized Carcinomatosis (abdominal)
20. AUTOPSY? YES [X] 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* 10-31-51, 19____, *to* 11-26-51, 19____, *that I last saw the deceased alive on* 11-26-51, 19____, *and that death occurred at* 10 32 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): C. Stukey D.O.
23b. ADDRESS: Kirksville Mo.
23c. DATE SIGNED: 11-27-51

24a. BURIAL, CREMATION, REMOVAL (Specify): Rem.
24b. DATE: Nov. 30, 1951
24c. NAME OF CEMETERY OR CREMATORY: Graceland
24d. LOCATION (City, town, or county) (State): Decatur Ill.

DATE REC'D BY LOCAL REG.: 11-27-51
REGISTRAR'S SIGNATURE: Tate Lambert
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Monson Funeral Home, Decatur Ill.

(Licensed Embalmer's Statement on Reverse Side)

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

DEC 7 1951

Date Received: DEC 4 1951
DISTRICT HEALTH OFFICE #2
District File Number 12-51-2
Date Filed: DEC 5 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 _____

_____ Student Embalmer No. _____,

working under my personal supervision.

Student _____
Student Embalmer

Signed Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kirksville, 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.