

FILED JAN 5 1952

STANDARD CERTIFICATE OF DEATH

5946 State File No. 42505

BIRTH NO. REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 5945 Registrar's No. 69

0810
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. James Mo. - Rural</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bloomfield 1030</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2 mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Terndale</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Terndale Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) c. (Last) <u>Chappell</u>			4. DATE OF DEATH: (Month) (Day) (Year) <u>Dec 23, 1951</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>April 20-1864</u>		9. AGE (In years last birthday) <u>87</u>		10. IF UNDER 1 YEAR Days 11. IF UNDER 1 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Decorator</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Massa Olney, Ill</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Wm Chappell</u>		13b. MOTHER'S MAIDEN NAME <u>Ruth Bassett</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Terndale Nursing Home - St James Mo</u>	
				ADDRESS	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial revascularization</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senility</u>			
		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 <u>4-10X</u>		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) (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 Oct 30, 1951, to Dec 23, 1951, that I last saw the deceased alive on Dec 22, 1951, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>C.V. Hammler, M.D.</u> (Degree or title)		23b. ADDRESS <u>St. James, Mo.</u>		23c. DATE SIGNED <u>12-26-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-25-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dawson Cem</u>	
				24d. LOCATION (City, town, or county) (State) <u>St. James, Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Dec 29, 51</u>		REGISTRAR'S SIGNATURE <u>Cora E. Birmingham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Oral E. Lickliter</u> ADDRESS <u>St James Mo</u>	
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RECEIVED
Phelps County Health Officer,
County File Number _____
Date Filed 1-4-52

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 _____

me

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed *Carl E. Schliker*

Licensed Embalmer No. 3544

P. O. Address St James 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.