

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4446

State File No.

FILED MAR 3 1952
BIRTH NO. 2-27-52 REG. DIST. NO. 93 PRIMARY REG. DIST. NO. 5842 Registrar's No. 20

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

1. PLACE OF DEATH a. COUNTY <u>Dade</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>	
b. CITY OR TOWN <u>Rural Washington TWP</u>		c. CITY OR TOWN <u>Rural Washington TWP</u> <u>0290</u>	
c. LENGTH OF STAY (In this place) <u>TWP</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Delbert</u>	b. (Middle) <u>K</u>	c. (Last) <u>Chapin</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 25 1952</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 1 1877</u>	9. AGE (In years) (Month) (Day) (Hour) (Min.) <u>74 4 24</u>	IF UNDER 1 YEAR IF UNDER 12 HRS.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Martelle Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Charles W Chapin</u>	13b. MOTHER'S MAIDEN NAME <u>Elouise Chapin</u>	14. NAME OF HUSBAND OR WIFE <u>Maude Chapin</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>470-09-6179</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Maude Chapin</u>	ADDRESS <u>So. Greenfield Mo.</u>
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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) <u>Cerebral hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>angina pectoralis</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 2-1-, 1952, to 2-25---, 1952, that I last saw the deceased alive on _____, 19____, and that death occurred at 9:00a m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. D. Combo</u> (Degree or title)	23b. ADDRESS <u>Lockwood Mo</u>	23c. DATE SIGNED <u>2-26-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>	24b. DATE <u>2-28-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Norwich</u>	24d. LOCATION (City, town, or county) (State) <u>Martelle Iowa</u>
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DATE REC'D BY LOCAL REG. <u>2-27-52</u>	REGISTRAR'S SIGNATURE <u>W.R. Allison</u> <u>79-0</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.R. Allison</u>	ADDRESS <u>Greenfield Mo.</u>
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OCT 6 1953

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.....
Student Embalmer

Signed W. R. Allison

Licensed Embalmer No. 4404

P. O. Address Greenfield, Me

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.