

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23311**

No. 100
10-48
FILED JUN 27 1952

BIRTH NO. _____ REG. DIST. NO. **333** PRIMARY REG. DIST. NO. **4491** Registrar's No. **126**

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Diehlstadt		c. LENGTH OF STAY (In this place) 5 yrs.	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Diehlstadt		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Residence			
3. NAME OF DECEASED a. (First) JESSIE b. (Middle) FOREST c. (Last) CHAPPELL			4. DATE OF DEATH (Month) (Day) (Year) March 17, 1952
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Dec. 15, 1865
9. AGE (In years last birthday) 86		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Crittendon Co., Ky.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Wyatt Chappell	
13b. MOTHER'S MAIDEN NAME Bethy Chappell		14. NAME OF HUSBAND OR LIFE Edna Chappell	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) unk.	16. SOCIAL SECURITY NO. unk.	17. INFORMANT'S SIGNATURE OR NAME Edna Chappell - Diehlstadt, 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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive heart disease INTERVAL BETWEEN ONSET AND DEATH 2 yrs + ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral hemorrhage	
19a. DATE OF OPERATION none	19b. MAJOR FINDINGS OF OPERATION none		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	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 1948 , to Mar 17, 1952 , that I last saw the deceased alive on Mar 16, 1952 , and that death occurred at A m., from the causes and on the date stated above.			
23a. SIGNATURE E. Chas. Reuning MD (Degree or title)		23b. ADDRESS Charleston Mo	23c. DATE SIGNED 3/21/52
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-19-1952	24c. NAME OF CEMETERY OR CREMATORY Deqwood	24d. LOCATION (City, town, or county) (State) Miss. Co., Mo.
DATE REC'D BY LOCAL REG. 6-20-52	REGISTRAR'S SIGNATURE Mrs. Olla Hunter	FUNERAL DIRECTOR'S SIGNATURE W. J. Shelby, East Prairie, Mo.	

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

RECEIVED JUN 23 1952
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 652-190

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 Frank Shelby

Licensed Embalmer No. 2726

P. O. Address East Prairie, 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.