

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28531**

BIRTH NO. **124** REG. DIST. NO. **163** PRIMARY REG. DIST. NO. **3031** Registrar's No. **39**

1. PLACE OF DEATH a. COUNTY Jefferson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Jefferson	
b. CITY OR TOWN De Soto	c. LENGTH OF STAY (In this place) Yrs.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN De Soto 0512	
d. FULL NAME OF HOSPITAL OR INSTITUTION 622 So. Third St.		d. STREET ADDRESS (If rural, give location) 622 So. Third St.	

3. NAME OF DECEASED (Type or Print) a. (First) Richard b. (Middle) FRANKLIN c. (Last) Chapman			4. DATE OF DEATH (Month) (Day) (Year) Aug. 24-1952		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Feb. 26-1882		9. AGE (In years last birthday) 70 MONTHS 0 DAYS 0 HOURS 0 MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Mason Contractor	10b. KIND OF BUSINESS OR INDUSTRY Construction	11. BIRTHPLACE (City and State or Foreign Country) Warrensburg, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Wm. Chapman	13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE Minnie Robertson	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 498-05-1961	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Charles Chapman - De Soto Mo.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Gen. arterio-sclerosis & arterio-sclerotic heart disease DUE TO (c) years		INTERVAL BETWEEN ONSET AND DEATH 1 1/2 hours
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		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) De Soto Mo.
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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 **June 15, 1952**, to **Aug 24, 1952**, that I last saw the deceased alive on **Aug 24, 1952**, and that death occurred at **10:00** a.m., from the causes and on the date stated above.

23a. SIGNATURE M. V. [Signature] (Degree or title) M.D.	23b. ADDRESS De Soto Mo.	23c. DATE SIGNED Aug 26, 1952
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 8-27-1952	24c. NAME OF CEMETERY OR CREMATORY Woodlawn	24d. LOCATION (City, town, or county) (State) De Soto Mo.
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DATE REC'D BY LOCAL REG. 8-28-52	REGISTRAR'S SIGNATURE Marie [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Lee Mothushead De Soto Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

02

SEP 8 - 1952

SEP 26 1952

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED SEP 2 1952

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 Andrew H. England

Licensed Embalmer No. 47845

P. O. Address He Sato 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.