

No. 300  
10. 48

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37684

State File No. ....

BIRTH NO. 48465 REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1220

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

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY OR TOWN <b>St. Joseph</b>	c. LENGTH OF STAY (in this place) <b>3 Mo</b>	c. CITY OR TOWN <b>St. Joseph, Mo.</b> <u>0117</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2304 Prospect</b>		d. STREET ADDRESS (If rural, give location) <b>2304 Prospect</b>	

3. NAME OF DECEASED (Type or Print)	a. (First) <b>CHERRI</b>	b. (Middle) <b>LYNN</b>	c. (Last) <b>CHAPPELL</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Nov. 20 1952</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>NEVER MARRIED.</b>	8. DATE OF BIRTH <b>Aug. 23, 1952</b>	9. AGE (In years last birthday) <b>3 Months</b>	IF UNDER 1 YEAR Months Days Hours Mins.	IF UNDER 1 HR. Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <b>St. Joseph, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U S A</b>		

13a. FATHER'S NAME <b>Billy Gene Chappell</b>	13b. MOTHER'S MAIDEN NAME <b>Jacqueline Snapp</b>	14. NAME OF HUSBAND OR WIFE <b>NONE</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>NONE</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Billy Gene Chappell</b>	ADDRESS <b>St. Joseph, Mo.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>1 day</b>
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Suffocation</b>	DUE TO (b) _____		E 9240 18
ANTECEDENT CAUSES *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.	DUE TO (c) <b>Baby suffocated when it got turned on its face into its basket bed.</b>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	The baby's legs are deformed from birth which was probably the cause		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Home</b>	21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <b>St. Joseph Buchanan Mo</b>
21d. TIME OF INJURY <b>Nov 20 - 1952 9:45 AM</b>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <b>Suffocated in bed</b>

22. I hereby certify that I ~~was~~ the deceased from **On 11/20 19 52**, 19\_\_\_, that I last saw the deceased alive on \_\_\_ 19\_\_\_, and that death occurred at **9:45 a. m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>H. F. Mundy MD (Lawyer)</b>	23b. ADDRESS <b>St. Joseph Mo</b>	23c. DATE SIGNED <b>11/20/52</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>Nov. 22, 1952</b>	24c. NAME OF CEMETERY OR CREMATORY <b>St. John Cemetery</b>
		24d. LOCATION (City, town, or county) (State) <b>Amazonia, Missouri</b>

DATE REC'D BY LOCAL REG. <b>Nov. 25, 1952</b>	REGISTRAR'S SIGNATURE <b>Carl C. Casey</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Stoney Funeral Home St. Joseph</b>	ADDRESS
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**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 \_\_\_\_\_

*John Roy Stoney*  
Licensed Embalmer No. *2435*

P. O. Address *St Joseph*

**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.