

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37907

State File No. \_\_\_\_\_

NOV 24 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 364

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u> OR TOWN <u>Syr</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Advance</u> OR TOWN <u>Missouri</u> <u>1030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>South East Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Advance Missouri.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna</u> b. (Middle) <u>Chapman</u> c. (Last) <u>Chapman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov 17 1952</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct 18 1899</u>	9. AGE (In years last birthday) <u>53</u>	IF UNDER 1 YEAR Months <u>20</u> Days _____ Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Advance Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>		13a. FATHER'S NAME <u>Marion Hedge</u>		13b. MOTHER'S MAIDEN NAME <u>Effie Howardton</u>	
14. NAME OF HUSBAND OR WIFE <u>Walter Chapman Cape</u>		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. <u>no</u>	

17. INFORMANT'S SIGNATURE OR NAME <u>Walter D Chapman Cape</u>		17. ADDRESS <u>Vir. 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hour</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Thrombophlebitis</u>		<u>12 hr.</u>	
		DUE TO (c) <u>Carcinomatosis</u>			
II. OTHER SIGNIFICANT CONDITIONS, Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <u>Nov 7 1952</u>		19b. MAJOR FINDINGS OF OPERATION <u>Carcinomatosis, undifferentiated Carcinoma</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)		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 Feb 19 51 to Nov 17 1952, that I last saw the deceased alive on Nov 17 1952, and that death occurred at 10:57 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John Crowe M.D.</u>		(Degree or title)		23b. ADDRESS <u>Cape Girardeau Mo</u>		23c. DATE SIGNED <u>Nov 17 1952</u>	
24a. BURIAL, CREMATION (Specify)		24b. DATE <u>Nov 19 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>		24d. LOCATION (City, town, or county) <u>Cape Girardeau Mo.</u>	

DATE REC'D BY LOCAL REG. <u>11-18-52</u>		REGISTRAR'S SIGNATURE <u>C. G. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Joe G. Howell</u>		ADDRESS <u>Cape Girardeau</u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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DEC 1 1957

DEC 8 1957

**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 \_\_\_\_\_

*W. H. Estes*

Licensed Embalmer No. *3568*

P. O. Address *Cape Girardeau*

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.