U.S. No. 300
Rev. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1020

BIRTH NO. FILED JAN 26 1953 REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 72

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Mercy Infirmary

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Greene
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Springfield 0396
d. STREET ADDRESS (If rural, give location): Mercy Infirmary 0

3. NAME OF DECEASED (Type or Print)
a. (First): WILLIAM
b. (Middle): JESSE
c. (Last): CHAPMAN

4. DATE OF DEATH (Month) (Day) (Year): Jan. 21, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Feb. 27, 1877
9. AGE (In years last birthday): 76 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired laborer
10b. KIND OF BUSINESS OR INDUSTRY: varied
11. BIRTHPLACE (State or foreign country): Belleville, Illinois 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: George Chapman
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Maude Chapman (Deceased)

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.: Unknown
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: Grace Cope, Springfield, Missouri

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) LYMPHOSARCOMA — INTERVAL BETWEEN ONSET AND DEATH: 1 yr

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b)
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. 2001

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec, 1951, *to* 1-22, 1953 *that I last saw the deceased alive on* Dec, 1952 *and that death occurred at* 9:15a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Joseph N. Hills M.D. 0
23b. ADDRESS: Springfield, Missouri
23c. DATE SIGNED: 1/22/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 1/23/1953
24c. NAME OF CEMETERY OR CREMATORY: Belleview Cemetery
24d. LOCATION (City, town, or county) (State): Greene County, Missouri

DATE REC'D BY LOCAL REG.: 1-23-53
REGISTRAR'S SIGNATURE: Edith Williamson Deputy Reg.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: AYRE-GOODWIN FUNERAL SERVICE, Spgfld MO.

(Licensed Embalmer's Statement on Reverse Side)

Jos. Dills, M.D., Proff. Bldg., 0396 0
AYRE-GOODWIN FUNERAL SERVICE
623 West Walnut
SPRINGFIELD, MISSOURI
WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Harry Clyde

Licensed Embalmer No. 4594

P. O. Address Springfield, Missouri

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.