

FILED JAN 19 1953

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 2198

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 6

0644

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

1. PLACE OF DEATH a. COUNTY <u>Marion</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Marion</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hannibal 0644</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Leveing Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>2006 Gordon</u>	
3. NAME OF DECEASED a. (First) <u>Nora</u> b. (Middle) _____ c. (Last) <u>Chapman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1 - 1 - 53</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>May 5 - 1906</u>
9. AGE (In years last birthday) <u>46</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____	10b. KIND OF BUSINESS OR INDUSTRY <u>domestic</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Lincoln Co</u>		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Sterling Chapman</u>		13b. MOTHER'S MAIDEN NAME <u>Georgia Williams</u>	
14. NAME OF HUSBAND OR WIFE _____		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Elois Abbey</u> ADDRESS <u>2006 Gordon</u>	

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u>		<u>One week</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congestive heart failure</u> DUE TO (c) <u>arterio-sclerotic heart disease</u>		<u>5 years</u> <u>7 years</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>pericarditis - 4200</u>		<u>3 weeks</u>	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) <u>Hannibal Marion Mo.</u>
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 July, 1950, to January 1, 1953, that I last saw the deceased alive on Jan 1, 1953, and that death occurred at 11:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>J. H. Watterschlag M.D.</u>	23b. ADDRESS <u>Hannibal, Mo.</u>	23c. DATE SIGNED <u>1/9/53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-4-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Robnson</u>
24d. LOCATION (City, town, or county) (State) <u>Hannibal Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Geo E Roberts, Hannibal, Mo.</u>
DATE REC'D BY LOCAL REG. <u>1-12-53</u>	REGISTRAR'S SIGNATURE <u>Dr. E.M. Luke</u>	184 - 0

RECEIVED JAN 16 1953
MARION CO. HEALTH DEPT.
DATE FILED JAN 16 1953

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 Geo E Roberts

Licensed Embalmer No. 9113

P. O. Address Hannibal 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.