

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

9765

State File No. ....

FILED MAR 27 1953

1252

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (In this place) <b>7 yrs.</b>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		3918
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Mary's Hospital</b>			d. STREET ADDRESS (If rural, give location) <b>4628 Mercier</b>		

3. NAME OF DECEASED (Type or Print) <b>HENRY</b>		a. (First)	b. (Middle) <b>DOUGLAS</b>	c. (Last) <b>CHAPMAN</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 28 1953</b>	
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>Nov. 30, 1894</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months	IF UNDER 12 HRS. Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Assistant Agent</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Union Pacific RR.</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Fayetteville, Arkansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Joseph Chapman</b>		13b. MOTHER'S MAIDEN NAME <b>Nellie Pierce</b>		14. NAME OF HUSBAND OR WIFE <b>Lottie Katherine Chapman</b>	
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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) <b>No</b>	16. SOCIAL SECURITY NO. <b>None</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs. Lottie Katherine Chapman, 4628 Mercier</b>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarction</b>			INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>hypertension</b>			<b>4 yrs.</b>
	DUE TO (c) <b>hemorrhage</b>			<b>12 hrs</b>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<b>443X</b>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 3-1-53 19, to 2-28-53, that I last saw the deceased alive on 2-28-53 19, and that death occurred at \_\_\_\_\_ m., from the causes and on the date stated above.

23a. SIGNATURE <b>Freeman</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>906 Grand</b>	23c. DATE SIGNED <b>3-2-53</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>March 3, 1953</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Green Lawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Kansas City, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>3-2-53</b>	REGISTRAR'S SIGNATURE <b>Deraldine Smith</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>FREEMAN MORTUARY &amp; CHAPEL, K.C., Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

Rialto Bg. 1-2813  
1-7 pm.

**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 Clayton Barnes  
Licensed Embalmer No. 4793

P. O. Address K. E. Ma

**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.