

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14758

State File No.

ED APR 22 1953

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 5585 Registrar's No. 77

490

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

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Madison</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Madison</u> <u>0490</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>Reeds, Mo. Route # 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Reeds, Mo. Route # 1</u>		e. STREET ADDRESS <u>Reeds, Mo. Route # 1</u> <u>0</u>	

3. NAME OF DECEASED a. (First) <u>Jack</u> b. (Middle) <u>Wayne</u> c. (Last) <u>Chapman</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 9, 1953</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>Aug. 27, 1915</u>		9. AGE (In years last birthday) <u>37</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Avilla, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. KIND OF BUSINESS OR INDUSTRY _____	

13a. FATHER'S NAME <u>C. M. Chapman</u>		13b. MOTHER'S MAIDEN NAME <u>Edna Hall</u>		14. NAME OF HUSBAND OR WIFE <u>Dorothy Chapman</u>	
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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) <u>no</u>		16. SOCIAL SECURITY NO. <u>yes</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Dorothy Chapman, Reeds, Mo. Route 1</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>GUNSHOT WOUND HEAD FATAL</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) rise to the above cause (a) stating the underlying cause last. DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>E 976 X</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>HOME</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4 9 53</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>COMMITTED SUICIDE DUE TO DEPENDENCY</u>	
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22. I hereby certify that I attended the deceased from (DID NOT ATTEND), 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wesley H. Brown</u> (Degree or title) <u>Coroner Jasper County</u>		23b. ADDRESS <u>Joplin Nat. Bank Bldg.</u>		23c. DATE SIGNED <u>4-13-53</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-11-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Jasper Co., Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>4-14-53</u>		REGISTRAR'S SIGNATURE <u>L. B. Clifton</u> <u>139</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ulmer Funeral Home, Carthage, Mo.</u>	
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RECEIVED 4-21-53
Jaeper County Health Office

County File Number 53/4/347
Date Filed 4-21-53

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 William B. Lentz

Licensed Embalmer No. 4820

P. O. Address Cartersville, GA

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.