

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **177770**
Registrar's No. **88**

FILED JUN 2 1953

BIRTH NO. _____ REG. DIST. NO. **132** PRIMARY REG. DIST. NO. **3021**

1. PLACE OF DEATH a. COUNTY Grundy 0402			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MO b. COUNTY Grundy 0402		
b. CITY (If outside corporate limits, write RURAL and give township) Trenton		c. LENGTH OF STAY (in this place) life	c. CITY (If outside corporate limits, write RURAL and give township) Trenton		OR TOWN 0
d. FULL NAME OF HOSPITAL OR INSTITUTION Susans Nursing Home - City			d. STREET ADDRESS (If rural, give location) 1540 Merrill St.		

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) _____ c. (Last) Chappell			4. DATE OF DEATH (Month) (Day) (Year) MAY 9 1953		
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed. 2	8. DATE OF BIRTH MAR 30 1874	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner.		10b. KIND OF BUSINESS OR INDUSTRY Mining.		11. BIRTHPLACE (State or foreign country) Trenton, MO 0		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
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13a. FATHER'S NAME Loiser Chappell		13b. MOTHER'S MAIDEN NAME Sarah Watts.		14. NAME OF HUSBAND OR WIFE Laura B. Chappell. (doc)	
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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) No		16. SOCIAL SECURITY NUMBER UNKNOWN		17. INFORMANT'S SIGNATURE OR NAME Clarence S. Chappell		ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH 18 mos	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterio Sclerosis		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MORIBUND 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.							

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4500				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 **Jan 10, 1953** to **May 9, 1953**, that I last saw the deceased alive on **May 9, 1953**, and that death occurred at **10 P. m.**, from the causes and on the date stated above.

23a. SIGNATURE E. A. Duffy M.D.		23b. ADDRESS Trenton MO		23c. DATE SIGNED May 11-53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE MAY 12 1953		24c. NAME OF CEMETERY OR CREMATORY MAPLE GROVE Cemetery		24d. LOCATION (City, town, or county) (State) Trenton, Missouri	
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DATE REC'D BY LOCAL REG. 5-12-53		REGISTRAR'S SIGNATURE Jane Jai		25. FUNERAL DIRECTOR'S SIGNATURE Davis - Blackmore		ADDRESS Trenton, Mo.	
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Dr E. A. Duffy.

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 _____

working under my personal supervision.

Student Embalmer No.

Signed

Harold S. Roberts

Signed.....
Student Embalmer

Licensed Embalmer No. *4920*

P. O. Address *Leicester, 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.