

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18400

State File No. ....

ED JUN 8 1953

No. 300  
10.48

BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2001</u>		Registrar's No. <u>7378872</u>		
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>McDONALD</u>				
b. CITY OR TOWN <u>Joplin</u>		c. LENGTH OF STAY (in this place) <u>2 Mos.</u>		c. CITY OR TOWN <u>Stebba</u>		d. STREET ADDRESS (If rural, give location) <u>0600</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>809 WEST 1ST ST.</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ANNA</u> b. (Middle) <u>CHAPPER</u> c. (Last) <u>CHAPPER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>5-18-53</u>					
5. SEX <u>F</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>11-27-1888</u>		
9. AGE (In years) <u>64</u>		10. MONTHS <u>5</u>		11. DAYS <u>21</u>		9. AGE (In years) (Under 1 Year) (Hours) (Min.)		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>SALE</u>		11. BIRTHPLACE (State or foreign country) <u>McNATT MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	
13a. FATHER'S NAME <u>W.I. HARMON</u>			13b. MOTHER'S MAIDEN NAME <u>AMANDA MARTIN</u>			14. NAME OF HUSBAND OR WIFE <u>E.J. CHAPPER</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>E.J. CHAPPER</u> ADDRESS <u>Stebba, MO</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Embolism</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Venous Leg</u> DUE TO (c) <u>Acute Rheumatic Fever since Sept 1952</u>						
		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					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		
				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 <u>May 24, 1953</u> , to <u>May 18, 1953</u> , that I last saw the deceased alive on <u>May 18, 1953</u> , and that death occurred at <u>11 A. M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Joy E. Thompson</u> (Degree or title)			23b. ADDRESS <u>708 S. 2nd St. Joplin, Mo.</u>			23c. DATE SIGNED <u>May 20 53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>5-22-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Stebba MO Rural</u>		
DATE REC'D BY LOCAL REG. <u>6-5-53</u>		REGISTRAR'S SIGNATURE <u>Ed J. ...</u>		25. FINANCIAL DIRECTOR'S SIGNATURE <u>J. M. Humphrey</u>		ADDRESS <u>Renoville, Mo.</u>		

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

RECEIVED 6-6-53  
Jasper County Health Office

County File Number 53-6-496

Date Filed 6-8-53

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

*J. M. Humphrey Jr.*

Licensed Embalmer No. \_\_\_\_\_

4708

P. O. Address \_\_\_\_\_

Noel 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.