

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

**21447**

FILED JUL 13 1953

State File No. ....

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

BIRTH NO. _____		REG. DIST. NO. <u>144</u>		PRIMARY REG. DIST. NO. <u>5562</u>		Registrar's No. <u>17</u>											
<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)													
a. COUNTY <b>Iron</b>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Arcadia Twp.</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Iron</b>											
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural, Liberty Township</b>		d. STREET ADDRESS (If rural, give location)		<b>7 mi. SW of Arcadia</b> <span style="float:right">0470 0</span>											
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>2 mi. west of Ironton</b>				d. STREET ADDRESS (If rural, give location)													
<b>3. NAME OF DECEASED</b> (Type or Print)			a. (First) <b>JOHN</b>			b. (Middle) <b>BARRON</b>			c. (Last) <b>CHAPMAN</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>July 4 1953</b>					
<b>5. SEX</b> <b>male</b>		<b>6. COLOR OR RACE</b> <b>white</b>		<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <b>never married</b>		<b>8. DATE OF BIRTH</b> <b>Nov 16 1934</b>		<b>9. AGE</b> (In years last birthday) <b>18</b>		<b>10. MONTHS</b> <b>7</b>		<b>11. DAYS</b> <b>18</b>		<b>12. HOURS</b> <b>18</b>		<b>13. MIN.</b>	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>machine operator</b>				<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Emerson Elec.</b>				<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>St. Louis, Missouri</b>				<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>					
<b>13a. FATHER'S NAME</b> <b>Cecil C. Chapman</b>				<b>13b. MOTHER'S MAIDEN NAME</b> <b>Julia L. Barron</b>				<b>14. NAME OF HUSBAND OR WIFE</b> <b>##</b>									
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>				<b>16. SOCIAL SECURITY NO.</b>				<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>C.C. Chapman, Arcadia Mo.</b>				<b>ADDRESS</b>					
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)												<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b>	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Suffocation 10 hrs under car</b>												II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.												ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>DUE TO (b) Fractured Skull</b>					
DUE TO (c)																	
<b>19a. DATE OF OPERATION</b>				<b>19b. MAJOR FINDINGS OF OPERATION</b>								<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify) <b>Accident</b>				<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Rural Road</b>				<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>Ironton Iron Mo</b>									
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) <b>7 4 53 12:30</b>				<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				<b>21f. HOW DID INJURY OCCUR?</b> <b>Excessive Speed Car overturned</b>									
<b>22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>12:30 A.M.</b>, from the causes and on the date stated above.</b>																	
<b>23a. SIGNATURE</b> <i>C.A. Howell</i>								<b>23b. ADDRESS</b> <b>Ironton Mo, 226 N. Main</b>				<b>23c. DATE SIGNED</b> <b>7/5/53</b>					
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Burial</b>				<b>24b. DATE</b> <b>7-7-53</b>				<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Red School Cemetery</b>				<b>24d. LOCATION (City, town, or county) (State)</b> <b>Arcadia Mo.</b>					
<b>DATE REC'D BY LOCAL REG.</b> <b>7-8-53</b>				<b>REGISTRAR'S SIGNATURE</b> <i>Mrs. Aris Jones</i>				<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>White Funeral Home</i>				<b>ADDRESS</b> <b>White Funeral Home, Ironton Mo.</b>					

JUL 14 1953

JUL 22 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 Russell J. White

Licensed Embalmer No. 3012

P. O. Address Gretna, 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.