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

FILED AUG 10 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Gale

State File No. 25570

BIRTH NO. _____ REG. DIST. NO. 187 PRIMARY REG. DIST. NO. 3040 Registrar's No. 108

1. PLACE OF DEATH
a. COUNTY: Livingston
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Chillicothe
c. LENGTH OF STAY (in this place): 5 Weeks
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): City Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Putnam
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Powersville 0860
d. STREET ADDRESS (If rural, give location): Rural 3 3/4 Miles South East.

3. NAME OF DECEASED (Type or Print)
a. (First): Alma
b. (Middle): Aletha
c. (Last): Chapman

4. DATE OF DEATH (Month) (Day) (Year): July 29 1953

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Jan 3, 1895
9. AGE (In years last birthday): 58 — If under 1 year: Months 6, Days 26 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Homemaker
11. BIRTHPLACE (State or foreign country): Missouri
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Hel Fordyce
13b. MOTHER'S MAIDEN NAME: Mary Alice Marshall
14. NAME OF HUSBAND OR WIFE: Earl L. Chapman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Earl L. Chapman — ADDRESS: Powersville Mo.

18. CAUSE OF DEATH — MEDICAL CERTIFICATION

Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Chronic myocarditis — INTERVAL BETWEEN ONSET AND DEATH: 30 yrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b): Diabetes

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Thrombophlebitis of left leg. — 5 days.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 260X
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* _____, 19__, *to* July 29, 1953, *that I last saw the deceased alive on* July 29, 1953, *and that death occurred at* 6:25 P. m., *from the causes and on the date stated above.*

23a. SIGNATURE: Joseph T. Gale (Degree or title) M.D.
23b. ADDRESS: Chillicothe Mo.
23c. DATE SIGNED: 7-31-53.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Aug. 1, 1953
24c. NAME OF CEMETERY OR CREMATORY: Parson Creek
24d. LOCATION (City, town, or county) (State): Linn County Missouri

DATE REC'D BY LOCAL REG.: 7/31/53
REGISTRAR'S SIGNATURE: Frances B. Reid
25. FUNERAL DIRECTOR'S SIGNATURE — ADDRESS: Norman Funeral Home; Chillicothe; Mo.

(Licensed Embalmer's Statement on Reverse Side)

MAY 24 1954

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 Emmett Everett

Licensed Embalmer No. 4748

P. O. Address Chillicothe, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply w the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.