

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

25826

State File No. \_\_\_\_\_

45/43-53  
D. Chapman  
FILED AUG 1 1953

REG. DIST. NO. 222 PRIMARY REG. DIST. NO. 91V Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Steele, Rural</b> ) c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Steele, Rural</b> <b>8780</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Home Virginia Hosp</b>		d. STREET ADDRESS (If rural, give location) <b>Virginia Hosp</b> <b>0</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>Weldon</b> b. (Middle) c. (Last) <b>Clay</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>7-15-53</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>Colored</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>W</b>	8. DATE OF BIRTH <b>7-15-53</b>
9. AGE (In years last birthday)	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>None</b>	11. BIRTHPLACE (State or foreign country) <b>Steele, Mo</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
10a. USUAL OCCUPATION	10b. KIND OF BUSINESS OR INDUSTRY <b>None</b>	11. BIRTHPLACE	12. CITIZEN OF WHAT COUNTRY?
13a. FATHER'S NAME <b>Chapman</b>		13b. MOTHER'S MAIDEN NAME <b>Jo Alice Clay</b>	
14. NAME OF HUSBAND OR WIFE <b>Not Married</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	
16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Weldon Clay</b> ADDRESS <b>Steele, Mo Rt. 3</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pre-mature - (6 1/2 mo)</b>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, 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.		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		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) <b>Steele Pemiscot Mo</b>		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?	
22. I hereby certify that I attended the deceased from <b>7-15-1953</b> , to _____, 19____, that I last saw the deceased alive on <b>7-15-1953</b> , and that death occurred at <b>10:00</b> m., from the causes and on the date stated above.			
23a. SIGNATURE <b>J. R. Chapman M.D.</b> (Degree or title)		23b. ADDRESS <b>Steele, Mo</b>	
23c. DATE SIGNED <b>7-27-53</b>		24a. BURIAL CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>7-16-53</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Holly Grove</b>	
24d. LOCATION (City, town, or county) (State) <b>Steele, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>German Undert Co</b> ADDRESS <b>Steele Mo</b>	
DATE REC'D BY LOCAL REG. <b>7-29-53</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b> 249-0	

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

7-240-53

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

JUL 30 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.....

*Not Embalmed*

working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....

Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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

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

*[Handwritten scribbles]*