

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34930**

FILED OCT 20 1953

BIRTH NO. _____ REG. DIST. NO. **10** PRIMARY REG. DIST. NO. **3002** Registrar's No. **162**

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Audrain	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico	
c. LENGTH OF STAY (in this place) Yrs		d. STREET ADDRESS (If rural, give location) 914 Emmons	
d. FULL NAME OF HOSPITAL OR INSTITUTION 914 Emmons			

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) Grover c. (Last) Chapman			4. DATE OF DEATH (Month) (Day) (Year) Oct 12, 1953		
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5. SEX Male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 3, 1884	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Boone Co., Mo.	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME James P. Chapman	13b. MOTHER'S MAIDEN NAME Juella Farmer	14. NAME OF HUSBAND OR WIFE Ora Maudé Chapman
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. James G. Chapman	ADDRESS Mexico, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) died unattended by a Physician while working in the attic of his home. Body was found by his wife, Mrs. Ora Maude Chapman. History of the case		INTERVAL BETWEEN ONSET AND DEATH 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	II. OTHER SIGNIFICANT CONDITIONS heart Condition, Their being no evidence of violence or foul play and on consent of the nearest kin the coroner's verdict was rendered to wit: Coronary condition of the Heart causing death		

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION condition of the Heart causing death
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) none	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) none	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased Die on **Oct 12, 1953** and that death occurred at **11:46 AM** from the causes and on the date stated above.

23a. SIGNATURE L. C. Adams	(Degree or title) 3rd M.H. Coroner	23b. ADDRESS Mexico Audrain Missouri	23c. DATE SIGNED 10-12-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/14/53	24c. NAME OF CEMETERY OR CREMATORY Centralia Cemetery	24d. LOCATION (City, town, or county) (State) Centralia, Missouri
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DATE REC'D BY LOCAL REG. Oct-14-1953	REGISTRAR'S SIGNATURE Blanche Neely	25. FUNERAL DIRECTOR'S SIGNATURE Clara Arnold	ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

APR 21 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 *Claro Arnold*

Licensed Embalmer No. 3569

P. O. Address *Musico, N.J.*

- 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.