

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

35576

State File No. ....

FILED OCT 19 1953

BIRTH NO. ....		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 5444		Registrar's No. <del>113</del> 113	
1. PLACE OF DEATH a. COUNTY Gentry				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gentry			
b. CITY (If outside corporate limits, write RURAL and give town or township) Rural Athens		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) Rural Athens		0380	
d. FULL NAME OF HOSPITAL OR INSTITUTION South of Albany				d. STREET ADDRESS (If rural, give location) South of Albany			
3. NAME OF DECEASED (Type or Print) a. (First) Lena			b. (Middle) Pearl		c. (Last) Chapman		4. DATE OF DEATH (Month) (Day) (Year) Oct. 12, 1953
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH April 4, 1901	9. AGE (In years last birthday) 52	IF UNDER 1 YEAR Months 6	IF UNDER 24 HRS. Days 8
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Davies County, Mo. 0		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Harvey Costolo			13b. MOTHER'S MAIDEN NAME Lurana Elliot		14. NAME OF HUSBAND OR WIFE W. M. Chapman		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME W. M. Chapman		ADDRESS Albany, Mo.	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of liver</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Carcinoma of R. Breast</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 4 mths  2 yrs.	
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)		190X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>Sept. 1952</u> , to <u>Oct 12, 1953</u> , that I last saw the deceased alive on <u>Oct. 12, 1953</u> , and that death occurred at <u>6:10 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>C. J. Pray, D.O.</u> (Degree or title)				23b. ADDRESS <u>Albany</u>		23c. DATE SIGNED <u>10-14-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 14, 1953		24c. NAME OF CEMETERY OR CREMATORY McFall Cemetery		24d. LOCATION (City, town, or county) (State) McFall Missouri	
DATE REC'D BY LOCAL REG. Oct 15-53		REGISTRAR'S SIGNATURE <u>Maudie Williams</u> 462		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clifford Brown</u>		ADDRESS Albany Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

**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 me

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Richard Brooks*

Licensed Embalmer No. 3329

P. O. Address Albany MD

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.