

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **38623**

FILED NOV 19 1953		REG. DIST. NO. 86	PRIMARY REG. DIST. NO. 4149	Registrar's No. 28-19-53
1. PLACE OF DEATH a. COUNTY Crawford		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before institution.) a. STATE Missouri b. COUNTY Crawford		
b. CITY OR TOWN Cuba		c. LENGTH OF STAY (in this place)		c. CITY OR TOWN Cuba 0280
d. FULL NAME OF HOSPITAL OR INSTITUTION At Home		d. STREET ADDRESS (If rural, give location) 0		
3. NAME OF DECEASED (Type or Print) a. (First) BENJAMIN		b. (Middle) —		c. (Last) CHAPMAN
4. DATE OF DEATH (Month) (Day) (Year) 11-11-1953		5. SEX MALE		
6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH 2-22-1890
9. AGE (In years last birthday) 63		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) WATCHMAN		11. BIRTHPLACE (State or foreign country) Hoplin, Mo.
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY Cuba Shoe Co.		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Julius Chapman		13b. MOTHER'S MAIDEN NAME Elizabeth Smith		14. NAME OF HUSBAND OR WIFE Lillie (Hartung) Chapman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 409-18-1802		17. INFORMANT'S SIGNATURE OR NAME Lillie Chapman ADDRESS Cuba, 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) BRONCHOGENIC CARCINOMA WITH METASTASES ANTECEDENT CAUSES 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 103X		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 MARCH 1953 , to NOVEMBER 1953 , that I last saw the deceased alive on Nov 11, 1953 , and that death occurred at 9:50 P.M. m., from the causes and on the date stated above.				
23a. SIGNATURE (Degree or title) Richard T. Walden M.D.		23b. ADDRESS Bourbon, Missouri		23c. DATE SIGNED Nov 13 1953
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 11-15-1953		24c. NAME OF CEMETERY OR CREMATORY McNichol Cemetery
24d. LOCATION (City, town, or county) (State) Crawford Co. Mo.		24e. FUNERAL DIRECTOR'S SIGNATURE Paul A. Shandall ADDRESS Cuba, Mo.		
DATE REC'D BY LOCAL REG. 11-15-1953		REGISTRAR'S SIGNATURE Paul A. Shandall		25. FUNERAL DIRECTOR'S SIGNATURE Paul A. Shandall ADDRESS Cuba, Mo.

NOV 20 1955

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 *Paul C. Franklin*
Licensed Embalmer No. *3472*
P. O. Address *Peña, 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.