0.300
0.48

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

THE DIVISION OF HEALTH OF MISSOURI

# STANDARD CERTIFICATE OF DEATH

State File No. 38985

FILED NOV 19 1953

BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 5122

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

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY CLAY
c. CITY OR TOWN Liberty
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) 326 Moss

**3. NAME OF DECEASED** (Type or Print)
a. (First) Samuel
b. (Middle) James
c. (Last) Chapman

**4. DATE OF DEATH** (Month) (Day) (Year) Oct. 25, 1953

**5. SEX** male
**6. COLOR OR RACE** white
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify) never married
**8. DATE OF BIRTH** MAY 2, 1951
**9. AGE** (In years last birthday) 2 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.
**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) child
**10b. KIND OF BUSINESS OR INDUSTRY**
**11. BIRTHPLACE** (City and State or Foreign Country) Kansas City, Missouri
**12. CITIZEN OF WHAT COUNTRY?** USA
**13a. FATHER'S NAME** Sam C. Chapman
**13b. MOTHER'S MAIDEN NAME** Mary Lou Manring
**14. NAME OF HUSBAND OR WIFE** ---
**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.** none
**17. INFORMANT'S SIGNATURE OR NAME** S. C. Chapman, Liberty, Mo. ADDRESS

**MEDICAL CERTIFICATION**

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Tracheobronchitis — INTERVAL BETWEEN ONSET AND DEATH: 72 hr.

ANTECEDENT CAUSES

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

DUE TO (b) Respiratory Arrest — 36 hr

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS — 500X

*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 ☑ 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* 10-23, 1953, *to* 10-25, 1953, *that I last saw the deceased alive on* 10-25, 1953, *and that death occurred at* 6:20 p *m., from the causes and on the date stated above.*

**23a. SIGNATURE** James L. Willoughby (Degree or title) — James L. Willoughby, M.D.
**23b. ADDRESS** Liberty, Mo.
**23c. DATE SIGNED** 10-26-53

**24a. BURIAL, CREMATION, REMOVAL** (Specify) Burial
**24b. DATE** Oct. 27, 1953
**24c. NAME OF CEMETERY OR CREMATORY** Fairview Cemetery
**24d. LOCATION** (City, town, or county) (State) Liberty, Missouri

**DATE REC'D BY LOCAL REG.** 10-28-53
**REGISTRAR'S SIGNATURE** Geraldine Smith
**25. FUNERAL DIRECTOR'S SIGNATURE** Tyler-Pasley Funeral Home — ADDRESS Liberty, Mo.

(Licensed Embalmer's Statement on Reverse Side)

## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embaln

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Charles T. Tyler

Licensed Embalmer No. 4534

P. O. Address Liberty

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

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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