

Dr. Davis

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41878**BIRTH NO. **FILED DEC 1-1953** REG. DIST. NO. **360** PRIMARY REG. DIST. NO. **3076** Registrar's No. **169**

1. PLACE OF DEATH a. COUNTY Vernon		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Vernon	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nevada	
c. LENGTH OF STAY (In this place) 50		d. STREET ADDRESS (If rural, give location) 316 S. Oak St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Nevada City Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Lettie			(Month) (Day) (Year)		
b. (Middle)			II/21/53		
c. (Last) Chapman					
5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Oct 26/1872	9. AGE (In years last birthday) 81	IF UNDER 1 YEAR Months 0 Days 26
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Heyworth, Ill.		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME J. C. Finley		13b. MOTHER'S MAIDEN NAME Anna Funk		14. NAME OF HUSBAND OR WIFE B. F. Chapman	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. No		17. INFORMANT'S SIGNATURE OR NAME Helen a Douse, Nevada, 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			INTERVAL BETWEEN ONSET AND DEATH

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease & acute left ventricular failure		DUE TO (b)	DUE TO (c)	INTERVAL BETWEEN ONSET AND DEATH 4 yrs
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus				

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4200		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)	
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 **4-1**, 19**43**, to **11-21**, 19**53**, that I last saw the deceased alive on **11-21**, 19**53**, and that death occurred at **11:50pm.**, from the causes and on the date stated above.

23a. SIGNATURE Ernest Davis, M.D. (Degree or title)		23b. ADDRESS Nevada, Mo.		23c. DATE SIGNED 11-22-53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE II/24/53		24c. NAME OF CEMETERY OR CREMATORY Newton Burial Park	
				24d. LOCATION (City, town, or county) (State) Nevada, Mo.	

DATE REC'D BY LOCAL REG. 11-28-53		REGISTRAR'S SIGNATURE Anna J. Ferry		25. FUNERAL DIRECTOR'S SIGNATURE Eichinger Funeral Home, Nevada, Mo.	
				ADDRESS	

(Licensed Embalmers' Statement on Reverse Side)

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

JAN 26 1955

JAN 21 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

Percy F. Milster

Licensed Embalmer No. 4805

P. O. Address Nevada, 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.