

FILED MAR 8 1954

STANDARD CERTIFICATE OF DEATH

State File No. 4172

BIRTH NO. _____ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 64

1. PLACE OF DEATH a. COUNTY <i>Calloway</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>MISSOURI</i> b. COUNTY <i>Adair</i>	
b. CITY (If outside corporate limits, write RURAL and give township) <i>Fulton</i>		c. CITY OR TOWN <i>KIRKSVILLE</i>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <i>3 Mo.</i>		e. STREET ADDRESS (If rural, give location) <i>0013</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hosp No 1</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>BEATRICE</i> b. (Middle) _____ c. (Last) <i>CHAPMAN</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>March 4 1954</i>		
5. SEX <i>F</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>SINGLE</i>	8. DATE OF BIRTH <i>June 16 1894</i>		9. AGE (In years last birthday) <i>59</i> if UNDER 1 YEAR Months <i>09</i> if UNDER 24 Hrs. Days <i>10</i> Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>none</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>none</i>		11. BIRTHPLACE (City and State or Foreign Country) <i>Kirkville Mo</i>	
12. CITIZEN OF WHAT COUNTRY? <i>American</i>			13. FATHER'S NAME <i>Valentine Chapman</i>		
14. MOTHER'S MAIDEN NAME <i>Callie Chaney</i>			15. NAME OF HUSBAND OR WIFE <i>none</i>		

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i> (If yes, give war or date of service)		16. SOCIAL SECURITY NO. <i>DA</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Records State Hosp Fulton Mo</i> ADDRESS <i>Fulton Mo</i>	
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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, ashenia, etc. *I means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Intestinal obstruction</i>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		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		20. AUTOPSY? <i>5705</i> 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)		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 *3-4*, 19*54*, to *3-4*, 19*54*, that I last saw the deceased alive on *3-4*, 19*54*, and that death occurred at *6:55* a.m., from the causes and on the date stated above.

22a. SIGNATURE <i>[Signature]</i> (Degree or title)		23b. ADDRESS <i>714 Fulton Mo</i>		23c. DATE SIGNED <i>3-4-54</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Mar-6-1954</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Bethel cemetery</i>	
				24d. LOCATION (City, town, or county) (State) <i>Adair county Mo</i>	

DATE REC'D BY LOCAL REG. <i>Mar-4-1954</i>		REGISTRAR'S SIGNATURE <i>Maretta Lawrence</i> ADDRESS <i>426-0</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Funeral Home, Fulton, Mo</i> ADDRESS _____	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.....
Signature of Student Embalmer

Signed *Denzil C. Browning*.....

Licensed Embalmer No...27...

P. O. Address *Fulton, N.Y.*.....

**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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.**