

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

4674

State File No. ....

FILED MAR 15 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>West Plains,</u>	c. LENGTH OF STAY (in this place) <u>8 days</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Howell Township</u> <u>2460</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Christa Hogan Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>West Plains, Mo., Rt. 1</u> <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>ULYSSES</u> b. (Middle) <u>ORVILLE</u> c. (Last) <u>CHAPIN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 4, 1954</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Jan. 29, 1876</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own farm.</u>	11. BIRTHPLACE (State or foreign country) <u>Howell County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Paul Stillman Chapin</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Cordell</u>		14. NAME OF HUSBAND OR WIFE <u>Mabel Duncan Chapin</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. U.O. Chapin, W.Plains, Mo. Rt. 1</u>			
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ch. Hypocorditis</u> DUE TO (c) <u>arteriosclerosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>1 wk.</u> <u>5 yrs.</u> <u>10 yrs.</u>
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 <u>4221</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)
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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?
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22. I hereby certify that I attended the deceased from 1-29, 1954, to 3-4, 1954, that I last saw the deceased alive on 3-4, 1954, and that death occurred at 8:45 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>W. D. Callahan M.D.</u> (Degree or title)		23b. ADDRESS <u>West Plains, Mo</u>	23c. DATE SIGNED <u>2/6/54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Mar. 7, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>West Plains, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>3-12-54</u>	REGISTRAR'S SIGNATURE <u>Beatrice Cook</u> <u>379</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. D. Callahan</u> ADDRESS <u>West Plains, Mo.</u>
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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 \_\_\_\_\_

Student Embalmer No. ~~3408~~

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Hal Rosenberg*

Licensed Embalmer No.

3408

P. O. Address

W. Plains, N.J.

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.