

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

No. 300
10.48

FILED APR 5 1954

5630 State File No.

BIRTH NO. REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 49

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

1. PLACE OF DEATH a. COUNTY <i>Laclede</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <i>Missouri</i> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Lebanon T.P.</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Lebanon T.P.</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <i>550 Main St.</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>1 mi N.W. Lebanon #64 highway</i>			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Richard D.</i> b. (Middle) <i>Chapen</i> c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <i>March 27, 1954</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, <input type="checkbox"/> WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <i>July 21, 1944</i>
9. AGE (In years last birthday) <i>9</i>		10. KIND OF BUSINESS OR INDUSTRY <i>none</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Crocker Mo.</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>school boy</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	

13a. FATHER'S NAME <i>Raymond Chapen</i>	13b. MOTHER'S MAIDEN NAME <i>Ada L. Rigby</i>	14. NAME OF HUSBAND OR WIFE <i>none</i>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <i>no</i>	16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT'S SIGNATURE OR NAME <i>Mrs. Goldie Turner Springfield</i>	ADDRESS
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Crushed skull & chest injuries</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) <i>Car accident on U.S. highway</i> <i>64-1 mi N.W. Lebanon Mo.</i> 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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Accident</i>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>1 mi N.W. Lebanon Mo</i>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Lebanon Laclede Mo.</i>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>March 27, 1954 6 PM</i>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <i>Car in which he was riding overturned two or three times</i>

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at *6: P. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>B. B. Hurst, M.D.</i>	23b. ADDRESS <i>Lebanon, Mo.</i>	23c. DATE SIGNED <i>3-29-54</i>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>3/30/54</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Stephens Cemetery near Sleeper, Mo.</i>	24d. LOCATION (City, town, or county) (State)
DATE REC'D BY LOCAL REG. <i>3-30-1954</i>	REGISTRAR'S SIGNATURE <i>Hella C. Gray</i>	25. FUNERAL DIRECTOR'S SIGNATURE <i>W.E. Holman</i>	ADDRESS <i>Lebanon, Mo.</i>

APR 3 1954

Received

Laclede County Health Unit

File No. 4-54-51

Date Filed APR 3 1954

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 Dorsey M. Howe

Licensed Embalmer No. 4222

P. O. Address Lebanon, 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.