

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18398

4149 State File No.

No. 300
10. 48
280

FILED JUL 13 1954

BIRTH NO. _____ REG. DIST. NO. 86 PRIMARY REG. DIST. NO. 5222 Registrar's No. 17-1954

1. PLACE OF DEATH a. COUNTY <u>Crawford</u> b. CITY OR TOWN <u>Cuba</u> c. LENGTH OF STAY (in this place) <u>1 Day</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence of Son, Virgil</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Crawford</u> c. CITY OR TOWN <u>Keasburg</u> d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>2 mi N.E. of Keasburg on old HWY 66</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) <u>—</u> c. (Last) <u>Chapman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 3 1954</u>	
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>March 22 1888</u>		9. AGE (In years last birthday) <u>66</u> 10. MONTHS <u>3</u> 11. DAYS <u>11</u> 12. IF UNDER 14 HRS. Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Manager Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cuba Laundry</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Cherry Valley Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Julius Chapman</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Smith</u>	
14. NAME OF DECEASED'S WIFE <u>Bertha Steek Nelson</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>499-12-4099</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Bertha Chapman</u>		18. ADDRESS <u>Keasburg, MO</u>	
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. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Coronary Occlusion</u> ANTECEDENT CAUSES <u>Arteriosclerotic heart disease</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic heart disease</u> DUE TO (c) <u>—</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>#200</u>	
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 <u>June, 1948</u>, to <u>July 3, 1954</u>, that I last saw the deceased alive on <u>July 3, 1954</u> and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE <u>J. A. Selder</u> (Degree or title)		23b. ADDRESS <u>Cuba Mo.</u>	
23c. DATE SIGNED <u>7-6-54</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 6 1954</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Holy Cross Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cuba MO.</u>	
DATE REC'D BY LOCAL REG. <u>7-6-1954</u>		REGISTRAR'S SIGNATURE <u>Paul J. Shaubert</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Norman C. Halver</u>		ADDRESS <u>Cuba, MO</u>	

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

JUL 16 1954

APR 27 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.....
Signature of Student Embalmer

Signed.....
Norman O. Haenen

Licensed Embalmer No. *4672*

P. O. Address *Alba, Miss*

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.