

FILED NOV 1 - 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **33048**

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1120

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Gentry	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Darlington - Cooper Township	
c. LENGTH OF STAY (in this place) 3 days		d. STREET ADDRESS (If rural, give location) R.R. #1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Methodist Hospital Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) WILLIS	b. (Middle) FRANCIS	c. (Last) CHAPMAN	(Month) Oct.	(Day) 20	(Year) 1954
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 31, 1918	9. AGE (In years last birthday) 35	10. UNDER 1 YEAR Months 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Gentry County, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Thomas Henry Chapman	13b. MOTHER'S MAIDEN NAME Florence McCrery	14. NAME OF HUSBAND OR WIFE Mrs. Verna 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. 491-24-6535	17. INFORMANT'S SIGNATURE OR NAME Mrs. Verna Chapman ADDRESS Darlington, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 days 11 years
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pneumonia, rt middle lobe.		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Pneumatic heart disease. 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"/>
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) m.	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 10-18, 1954, to 10-20, 1954, that I last saw the deceased alive on 10-19, 1954, and that death occurred at 7:20A m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Design or title) M.D.	23b. ADDRESS St. Joseph Mo.	23c. DATE SIGNED 10-20-54
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE Oct. 20, 1954	24c. NAME OF CEMETERY OR CREMATORY Stanberry	24d. LOCATION (City, town, or county) (State) Missouri

DATE REC'D BY LOCAL REG Oct 28, 1954	REGISTRAR'S SIGNATURE <i>[Signature]</i>	FUNERAL DIRECTOR'S SIGNATURE <i>[Signature]</i> ADDRESS Stanberry, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

Charles E. Bennett

Signed.....
Student Embalmer

Licensed Embalmer No. *14677*

P. O. Address *St Joseph 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.