

FILED JAN 19 1955 STANDARD CERTIFICATE OF DEATH

State File No. 44362

BIRTH NO. _____		REG. DIST. NO. <u>391</u>		PRIMARY REG. DIST. NO. <u>4505</u>		Registrar's No. <u>1</u>	
1. PLACE OF DEATH a. COUNTY <u>STODDARD</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>CAPE</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bell City,</u>		c. LENGTH OF STAY (In this place) <u>6 MONTHS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Bell City, Mo.</u>		0160	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Shetley Nursing Home,</u>				d. STREET ADDRESS (If rural, give location) <u>Bell City, Mo.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Vincent</u>			b. (Middle) <u>Chappius,</u>		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) <u>12-13-54</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Divorced</u>		8. DATE OF BIRTH <u>10-20-1879</u>	9. AGE (In years last birthday) <u>75</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>22</u>	IF UNDER 2 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Labor</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Parville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Ely Chappius</u>		13b. MOTHER'S MAIDEN NAME <u>France,</u>		14. NAME OF HUSBAND OR WIFE <u>Ida French,</u>			
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 J.L. Robertson, St. Louis,</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>Nephritis & Myocarditis</u>					
		ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Senility</u>					
		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? 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)		593 X	
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>Oct</u> , 19 <u>54</u> , to <u>10 Dec</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>10 Dec</u> , 19 <u>54</u> , and that death occurred at <u>3:00 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>D. W. Merrill, M.D.</u> (Degree or title)				23b. ADDRESS <u>Advance, Mo.</u>		23c. DATE SIGNED <u>18 Dec 54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>12-14-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St Marys Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Cape Girardeau, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 4, 1955</u>		REGISTRAR'S SIGNATURE <u>Bernice Madrox</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ray Shetley, Bell City, Mo.</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

1039
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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
Student Embalmer

Signed Charles E. Mungler

Licensed Embalmer No. 48077

P. O. Address Box Heinsdale, Ill

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.