

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **41146**

FILED JAN 9 1956

BIRTH NO. _____ REG. DIST. NO. **159** PRIMARY REG. DIST. NO. **5591** Registrar's No. **64**

1. PLACE OF DEATH a. COUNTY JEFFERSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY St. Louis	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Royal Helleboro, Mo		c. CITY OR TOWN ST. JOHNS	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION CASTLE ACRES N.H.		e. STREET ADDRESS (If rural, give location) 8444 ENGLER	

3. NAME OF DECEASED (Type or Print) a. (First) John b. (Middle) WILLIAM c. (Last) CHAPMAN			4. DATE OF DEATH (Month) (Day) (Year) DEC 25 1955		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW	
8. DATE OF BIRTH Oct 4, 1873		9. AGE (In years last birthday) 82		10. IF UNDER 1 YEAR Days _____ IF UNDER 10 HRS. Min. _____	

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Engineer Lumber Camps		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) MINN.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME COLE CHAPMAN		13b. MOTHER'S MAIDEN NAME ELLEN (UNK)		14. NAME OF HUSBAND OR WIFE MARY ANN FOX			

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 542-25-3986		17. INFORMANT'S SIGNATURE OR NAME ADDRESS DOROTHY LOCKETT 8444 ENGLER			
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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) Cardiovascular accident				INTERVAL BETWEEN ONSET AND DEATH 1/2 day	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) Arteriosclerosis 8:10 yr	
		DUE TO (c) Myocarditis				8:10 yr	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				4222	

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)		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 **12/24 1955** to **12/25 1955**; that I last saw the deceased alive on **12/24 1955**, and that death occurred at **11:30 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE [Signature] (Degree or title) M.D.		23b. ADDRESS [Address]		23c. DATE SIGNED 12/26/55	
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24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		24b. DATE 12/28/55		24c. NAME OF CEMETERY OR CREMATORY CALVARY		24d. LOCATION (City, town, or county) (State) ST. LOUIS MO	
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DATE REC'D BY LOCAL REG. 12-29-55		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS [Signature] 7267 Natl Bridge	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI

DATE RECEIVED

JAN 4 1956

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 *Ronald J. Mahr*

Licensed Embalmer No. *497*

P. O. Address *Re. 10, 11*

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.