

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22766

STATE FILE NUMBER

FILED AUG 3 - 1956

Registration District No. 25 Primary Registration District No. 4036 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Bates				
b. CITY (If outside corporate limits, give TOWNSHIP only) TOWN Rich Hill		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Rich Hill		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 902 E Walnut St.			Length of stay in 1b 20 yrs		d. STREET ADDRESS (If outside, give location) 902 E. Walnut St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MARY Middle CHAPMAN Last CHAPMAN				4. DATE OF DEATH Month July Day 29 Year 1956				
5. SEX Female		6. COLOR OR RACE white		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Feb. 1, 1872		
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months 84 Days 0 Hours 0 Min. 0		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home		
11. BIRTHPLACE (City and state or country) Monticent, Mo				12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13. FATHER'S NAME John S. Deller				14. MOTHER'S MAIDEN NAME Sarah Simmons				
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. none		17. INFORMANT George Deller Address Kansas City, Mo.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) alams - Stroke Syndrome Heart block DUE TO (b) _____ DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 4 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)						
20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a. m. _____ p. m. _____								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE		
21. I attended the deceased from July 6, to July 29 and last saw her alive on July 28, 1956 Death occurred at 3:16 A. m on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Thomas F. Boyd D.D.				22b. ADDRESS Rich Hill, Mo		22c. DATE SIGNED 7-31-56		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 8/1/56		23c. NAME OF CEMETERY OR CREMATORY Green Lawn Cemetery		23d. LOCATION (City, town, or county) (State) Rich Hill, Missouri		
24. FUNERAL DIRECTOR Boach ADDRESS Rich Hill			25. DATE RECD. BY LOCAL REG. 8-2-1956		26. REGISTRAR'S SIGNATURE Mrs. Edna Langley			

Health, Welfare Public Service

300-1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

21-8

AUG 22 1956

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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.....
Signature of Student Embalmer

Signed *John G. Butler*
Licensed Embalmer No. 35
P. O. Address *Butler*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.