| FILED SEP 3 1957 Registration District No. 1.2.3 Registration District No. 1.2.3 Registration No. 1 | | | | | | THE DIVISION OF HEALTH OF M | | | MISSOURI . | | | 28118 | | |
|--|----------------|--------------------------------|---|---|---------------------|---|--|--|----------------|---------------------------|-------------------|---------------------------|-------------|--|
| Registration District No | ith, | CILED SED 3 1957 STANDARD CERT | | | | RD CERTIF | FICATE OF DEATH STATE FILE | | | | NUMBER | | | |
| 1. PLACE OF DEATH COUNTY Henry 6. CITY (If ourside compared limits, give TOWNSHIP only) Inside Limits 7. CITY (If ourside compared limits, give TOWNSHIP only) Inside Limits 7. CITY (If ourside compared limits, give TOWNSHIP only) Inside Limits 7. CITY (If ourside compared limits, give ToWNSHIP only) Inside Limits 7. CITY (If ourside compared limits, give Incention) Length of skey in Law Road 7. TOWN CLinton 1. CITY (If ourside, give location) Visit on Road 7. TOWN CLinton 1. CITY (If ourside, give location) Visit on Road 7. FOR CLINTON 1. CITY (If ourside, give location) Visit on Road 7. FOR CLINTON 1. CITY (If ourside, give location) Visit on Road 7. FOR CLINTON 1. CITY (If ourside, give location) Visit on Road 7. FOR CLINTON 1. CITY (If ourside, give location) Visit on Road 7. FOR CLINTON 1. CITY (If ourside, give location) Visit on Road 7. FOR CLINTON 7. FOR CLINTON 7. MARKE OF ROAD 8. EAR MORE OF ROAD 8. EXX | blic 1- | L | FILED SE | , <u>, , , , , , , , , , , , , , , , , , </u> | Registration C | District No. 137 Prin | | | | | | | | |
| TOWN Clinton 1. C. CITY TOWN Clinton 1. Very No. 0 The Address RED. (If outside, give location) 1. Very No. 0 The Control Aug. 30, 1957 The PECEARD The Property Hellon 1. Lottayne Chapin The Property Hellon The Property Hellon The Work of Color on RACE The Middle Lear Address RED. (If outside, give location) The Property Hellon The Property No. 0 The Peceary | J. | • • • • | | | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before | | | | | | |
| TOWN Clinton 1. C. CITY TOWN Clinton 1. Very No. 0 The Address RED. (If outside, give location) 1. Very No. 0 The Control Aug. 30, 1957 The PECEARD The Property Hellon 1. Lottayne Chapin The Property Hellon The Property Hellon The Work of Color on RACE The Middle Lear Address RED. (If outside, give location) The Property Hellon The Property No. 0 The Peceary | DA - | L | | | | | | a. STATE Mo. Henry | | | | | | |
| TOWN Clinton C. FULL NAME OF (If NOT inhospital, give location) Length of stay in 16 OF FULL NAME OF (If NOT inhospital, give location) Length of stay in 16 OF FULL NAME OF (If NOT inhospital, give location) Length of stay in 16 OF FULL NAME OF (If NOT inhospital, give location) Length of stay in 16 OF STATE OF | | • | b. CITY (If out: OR | side cor | parate limits, give | TOWNSHIP only) | | | | | | | _imits | |
| NAME OF FIRST FIRST SAME Last La | - | L | | | | · · · · · · · · · · · · · · · · · · · | | | Yes D | No Œ | | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES! 16. SOCIAL SECURITY NO. 17. INFORMANT Address 18. | , , | L | I HUSPITAL UR | | | | | d. STREET ADDRESS] | 1 | | | | | |
| S. WAS DECEASED EVER IN U. S. ARMED FORCESS S. WAS DECEASED EVER IN U. S. ARMED FORCESS NO IS. CAUBE OF DEATH Enter only one cause per line for (a), (b). and (c). Death Occurred at Due to (b) Due to (b) Due to (c) Due to (d) Due to (e) Du | 9 | 3 | | | First | | | · | | 4. DATE Month | | Day Year | | |
| S. WAS DECEASED EVER IN U. S. ARMED FORCESS S. WAS DECEASED EVER IN U. S. ARMED FORCESS NO IS. CAUBE OF DEATH Enter only one cause per line for (a), (b). and (c). Death Occurred at Due to (b) Due to (b) Due to (c) Due to (d) Due to (e) Du | <u> </u> | l | | Helen | | | | | | DEATH AUE | 1957 | .957 | | |
| S. WAS DECEASED EVER IN U. S. ARMED FORCESS S. WAS DECEASED EVER IN U. S. ARMED FORCESS NO IS. CAUBE OF DEATH Enter only one cause per line for (a), (b). and (c). Death Occurred at Due to (b) Due to (b) Due to (c) Due to (d) Due to (e) Du | ž | 5 | . SEX | 6. COLOR OR RACE | | | | 8. DATE OF BIRTH 9 | | 9. AGE (In years IF UNDER | | 1 1 YEAR OF UNDER 24 HRS. | | |
| S. WAS DECEASED EVER IN U. S. ARMED FORCESS S. WAS DECEASED EVER IN U. S. ARMED FORCESS NO IS. CAUBE OF DEATH Enter only one cause per line for (a), (b). and (c). Death Occurred at Due to (b) Due to (b) Due to (c) Due to (d) Due to (e) Du | ě | 4 7 | | | | WIDOWED 🔲 | DIVORCED 🔲 | Sept. 4,] | 1919 ' | 37 | <i>**</i> ** | 26 "" | Min. | |
| S. WAS DECEASED EVER IN U. S. ARMED FORCESS S. WAS DECEASED EVER IN U. S. ARMED FORCESS NO IS. CAUBE OF DEATH Enter only one cause per line for (a), (b). and (c). Death Occurred at Due to (b) Due to (b) Due to (c) Due to (d) Due to (e) Du | 9 | Γ | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) | | | 106. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City | ountry) | 12. CITIZEI | OF WHAT COUNTRY? | | | |
| S. WAS DECEASED EVER IN U. S. ARMED FORCESS S. WAS DECEASED EVER IN U. S. ARMED FORCESS NO IS. CAUBE OF DEATH Enter only one cause per line for (a), (b). and (c). Death Occurred at Due to (b) Due to (b) Due to (c) Due to (d) Due to (e) Du | ٠ ٩ | L | HouseWife | | | | | Alney, Texas | | | USA | | | |
| S. WAS DECEASED EVER IN U. S. ARMED FORCESS S. WAS DECEASED EVER IN U. S. ARMED FORCESS NO IS. CAUBE OF DEATH Enter only one cause per line for (a), (b). and (c). Death Occurred at Due to (b) Due to (b) Due to (c) Due to (d) Due to (e) Du | SSI | 1 | | | | | | | | - | | | | |
| Conditions, if any, which gave ring to door course per line for (s), (b), and (c). | | L | | | | To a | | | | | | | | |
| 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).} PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) A ('II TE III | | | Yes, no, or unknown) | | | reice) | } | | | | | | | |
| IMMEDIATE CAUSE (a) Conditions, if any, which gaze the to above cause (b), does cause (b), | å. ∃ | ┝ | | | | | | John A. Chapin, Clinton, Mo. | | | | TUTTOWAL BETWEEN | | |
| Conditions if any which gate rise to which gate rise to door course (0) and the gate rise to go the gate rise go the gate rise to go the gate rise rise to go the gate rise rise to go the gate rise rise rise rise rise rise rise ris | 1 | ŀ | | | | | | 1141-11 | 10 | | | ONSET AND DEATH | | |
| Described of the deceased from 19. While at the deceased from 19. While a month of the date stands above; and to the best of my knowledge, from the cause stated. 230. Burial. Cremation 230. Date 19. Name of Cemetery or Crematory 230. Location (Cuy, four., or county) (State) 20. The position of the deceased from 19. While a month of the detectory 19. The deceased from 19. While a month of the detectory 19. The deceased from 19. While a month of the detectory 19. The deceased from 19 | | IMMEDIATE CAUSE (d) | | | | | | | | | 7 /V/ | <i>O ;</i> | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 20. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20. Time OF Hour Month, Day, Year Injury occurred injury occurred. (Enter nature of injury in Part I or Part II of Item 18.) 20. Time OF Hour Month, Day, Year Injury occurred injury occurred injury occurred. (Enter nature of injury in Part I or Part II of Item 18.) 20. Time OF Hour Month, Day, Year Injury occurred. (Enter nature of injury in Part I or Part II of Item 18.) 20. Time OF Hour Month, Day, Year Injury occurred. (Enter nature of injury in Part I or Part II of Item 18.) 20. Time OF Hour Month, Day, Year Injury occurred. (Enter nature of injury in Part I or Part II of Item 18.) 20. Time OF Hour Month, Day, Year Injury occurred. (Enter nature of injury in Part I or Part II of Item 18.) 21. I attended the deceased from Jay. Year Injury occurred. (Enter nature of injury in Part I or Part II of Item 18.) 22. I attended the deceased from Jay. Year Injury occurred. (Enter nature of injury in Part I or Part II of Item 18.) 22. I attended the deceased from Jay. Year Injury occurred. (Enter nature of injury in Part I or Part II of Item 18.) 22. I attended the deceased from Jay. Year Injury occurred. (Enter nature of injury in Part I or Part II of Item 18.) 22. I attended the deceased from Jay. Year Injury occurred. (Enter nature of injury in Part I or Part II of Item 18.) 22. I attended the deceased from Jay. Year Injury occurred. (Enter nature of injury in Part I or Part II of Item 18.) 22. I attended the deceased from Jay. Year Injury occurred. (Enter nature of injury in Part I or Part II of Item 18.) 22. Attended the deceased from Jay. Year Injury occurred. (Enter nature of injury in Part I or Part II of Item 18.) 23. Attende | 7- | | Conditions | , if any, |) DUE TO (6) | | | | | | | | | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II. 20. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20. ACCIDENT SUICIDE HOMICIDE 200. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20. Time OF Hour Month, Day, Year Injury occurred injury occurred. (Enter nature of injury in Part I or Part II of Item 18.) 20. Time OF Hour Month, Day, Year Injury occurred injury occurred injury occurred. (Enter nature of injury in Part I or Part II of Item 18.) 20. Time OF Hour Month, Day, Year Injury occurred. (Enter nature of injury in Part I or Part II of Item 18.) 20. Time OF Hour Month, Day, Year Injury occurred. (Enter nature of injury in Part I or Part II of Item 18.) 20. Time OF Hour Month, Day, Year Injury occurred. (Enter nature of injury in Part I or Part II of Item 18.) 20. Time OF Hour Month, Day, Year Injury occurred. (Enter nature of injury in Part I or Part II of Item 18.) 21. I attended the deceased from Jay. Year Injury occurred. (Enter nature of injury in Part I or Part II of Item 18.) 22. I attended the deceased from Jay. Year Injury occurred. (Enter nature of injury in Part I or Part II of Item 18.) 22. I attended the deceased from Jay. Year Injury occurred. (Enter nature of injury in Part I or Part II of Item 18.) 22. I attended the deceased from Jay. Year Injury occurred. (Enter nature of injury in Part I or Part II of Item 18.) 22. I attended the deceased from Jay. Year Injury occurred. (Enter nature of injury in Part I or Part II of Item 18.) 22. I attended the deceased from Jay. Year Injury occurred. (Enter nature of injury in Part I or Part II of Item 18.) 22. I attended the deceased from Jay. Year Injury occurred. (Enter nature of injury in Part I or Part II of Item 18.) 22. Attended the deceased from Jay. Year Injury occurred. (Enter nature of injury in Part I or Part II of Item 18.) 23. Attende | oroner NBBO | ĺ | which gave above cau stating the | rise to se (a), under- | } | • | ٠. | | | | | | | |
| 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) 20c. Time Of Hour Month, Day, Year INJURY (e. g., in or about home. 20f. CITY, Town, OR LOCATION COUNTY STATE WORK AT WORK ORK AT WORK ORK AT WORK OF MONTH OF THE AT WORK ORK OF THE AT WORK ORK OF THE COUNTY STATE WORK ORK OF THE AT WORK ORK OF THE AT WORK OR COUNTY OF THE COUNTY OF THE COUNTY OF THE COUNTY OF THE COUNTY OR COUNTY OF THE | Ŭ ģ | Z C | · · · · · · | | <u> </u> | CONTRIBUTING TO DEATH | TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT NOT WHILE Some farm, factory, street, office bidg., etc.) 21. I attended the deceased from 95% 10 100 | • ₹ - | 15 | | | | <u> </u> | | | | | -043 YES NO [7] | | | |
| 20d. INJURY OCCURRED WHILE AT NOT WHILE Some farm, factory, street, office bidg., etc.) 21. I attended the deceased from 95% 10 100 | | | 20a. ACCIDENT | | | 200. DESCRIBE HOW | INJURY OCCURRE | D. (Enter nature of | injury in Part | | | | | |
| 20d. INJURY OCCURRED WHILE AT NOT WHILE 20e. PLACE OF INJURY (e. g., in or about home. STATE WORK NOT WHILE AT WORK AT WORK STATE | ¥ . | 1 | | _ : | | | | | | | | | | |
| 20d. INJURY OCCURRED WHILE AT NOT WHILE Some farm, factory, street, office bidg., etc.) 21. I attended the deceased from 95% 10 100 | sud BL | Īā | 20c TIME OF h | lour λ . m. | fonth, Day, Year | | | | . , | | | | | |
| WORK AT WORK 21. I attended the deceased from 1958 to Cont. 30 1957 and last saw her alive on 30 drog 195 Death occurred at A m on the date stand above; and to the best of my knowledge, from the caules stated. 22a. SIGNATURE (Degree of tille) Degree of tille) 23b. ADDRESS 23c. BURIAL. CREMATION 23b. DATE REMOVAL (Specify) Burial Aug. 31, 1957 Englewood Cemetery Clinton, Mo. 24. Funeral director Address 25. Date recd. By Local reg. 26. Regisjran's signature Degree 27. Mulduck Bigum | | Ē | | | | | | - | | <u></u> | | | | |
| Death occurred at | <u>\$</u> 8, | 3 | | | LE ☐ 20e. PLACI | E OF INJURY (e. g., is factory, street, office | s or about home. bldg., etc.) | 20/. CITY, TOWN, O | R LOCATION | c | OUNTY | | STATE | |
| Death occurred at | mvs UŠE | WORK LATWORK L | | | | | | | | | | W-2 | | |
| 23a. Burial. CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town. or county) (State) Burial Aug. 31, 1957 Englowood Cemetery Clinton, Mo. 24. Funeral director Address 25. Date Recd. By Local Reg. 26. Registrar's Signature The Manual County 25 Mulduch Bigum | |] | | | | 4.58 | , to | 464 30 14 | 57 and las | t saw her alic | re on 🚅 | s o wag | 1927 | |
| 23a. Burial. CREMATION 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town. or county) (State) Burial Aug. 31, 1957 Englowood Cemetery Clinton, Mo. 24. Funeral director Address 25. Date Recd. By Local Reg. 26. Registrar's Signature The Manual County 25 Mulduch Bigum | ğ | ĺ | 20 000000000000000000000000000000000000 | | | | | | | | | | | |
| 21. J. | <u>.c</u> | L | Hu | 9h | B.10 | alker, | MD | Clin | ton | Mo | | | | |
| 21. J. | 8 | 23 | REMOVAL (Specify) | | | | | | | , . | county) | (State) | | |
| 21. J. | Ĭ | Ļ | | | | | | | | | | | | |
|) Little Control of the Control of t | 21 | 24 | FUNERAL DIRECTO | R | Ann F | elistim. | • - | _ | | - · | | ngu | <u>.</u> | |
| (Licensed Embalmer's Statement on Reverse Side) | -) —— | _ | | | | (Licensed Embo | _ | | | | | ব | | |

STATEMENT BY LICENSED EMBALMER

| | I-hereby certify | y that the b | ody whose | name is | recorded | on the | reverse | side of th | is certificat | e was | |
|------|------------------|--------------|-----------|---------|----------|--------|---------|------------|---------------|-------|---|
| by m | ne, or by | | | | | | • | . Student | Embalmer 1 | ٠٠٠٠٠ | |
| worl | ding under my pe | rsonal sup | ervision | | | | | | | | - |
| | | | | | | | | | | | |

P. O. Address Chulor

Note: The above MUST BE SIGNED BY, THE LICENSED EMBALMER in his OWN HANDWRITING. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting If this body is not embalmed, fact should be so stated above.