

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **31317**

No. 300
10. 48

FILED SEP 26 1957

BIRTH NO. _____ REG. DIST. NO. **107** PRIMARY REG. DIST. NO. **3019** Registrar's No. **130**

1. PLACE OF DEATH a. COUNTY Dunklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dunklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN- Kennett		c. LENGTH OF STAY (in this place) 1 day	c. CITY OR TOWN Kennett
d. FULL NAME OF HOSPITAL OR INSTITUTION Dunklin County Memorial		e. STREET ADDRESS (If rural, give location) 803 Whitney	

3. NAME OF DECEASED a. (First) Robert b. (Middle) Ronnie c. (Last) Chapman (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) 9 13- 57		
5. SEX Male	6. COLOR OR RACE Cau	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 9-18-13	9. AGE (In years last birthday) 44	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machine operator		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) / Arkansas Rector	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Press Chapman	13b. MOTHER'S MAIDEN NAME Alice Church	14. NAME OF HUSBAND OR WIFE Thelma Chapman
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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. 129-22-8121	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Thelma Chapman Kennett, Mo.
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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) Myocardial Insufficiency ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH 2 years
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 4222	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) 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 Aug 1, 1957, to Sept 13, 1957, that I last saw the deceased alive on Sept 13, 1957, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) George O. Summers M.D.	23b. ADDRESS Kennett, Mo.	23c. DATE SIGNED 9/13/57
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9-15-57	24c. NAME OF CEMETERY OR CREMATORY Rector Cemetery	24d. LOCATION (City, town, or county) (State) Rector Ark.
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DATE REC'D BY LOCAL REG. 9-20-1957	REGISTRAR'S SIGNATURE Head Husband	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Russell Mortuary Piggott, Ark
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(Licensed Embalmer's Statement on Reverse Side)

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

900

RECEIVED DUNKLIN COUNTY H
DEPARTMENT 9-235
COUNTY FILE NUMBER 95

NOV 25 1957

NOV 22 1957

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 me Student Embalmer No. 509 working under my personal supervision.

Student
Signature of Student Embalmer

Signed Hoyd Russell

Licensed Embalmer No. 509

P. O. Address Piggott A

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.