

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-006026  
STATE FILE NUMBER

FILED MAR 14 1958

Registration District No. 150 Primary Registration District No. 5574 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jackson			
b. CITY (If outside corporate limits, give TOWNSHIP only) Lone Jack Van Buren Twp.		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY TOWN Lone Jack		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION R.F.D.			Length of stay in lb 114 YRS			d. STREET ADDRESS (If outside, give location) 6 mi N East	
3. NAME OF DECEASED (Type or print) Charles Edward Chappel				4. DATE OF DEATH Mar 4 1958			
5. SEX m	6. COLOR OR RACE Wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH 2-19-1909		9. AGE (In years last birthday) 49	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Clerk. H.O. Peet & Co	10b. KIND OF BUSINESS OR INDUSTRY St Paul Minn		11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY? USA		
13. FATHER'S NAME Charles Chappel				14. MOTHER'S MAIDEN NAME Bergh Meyer			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give war or dates of service) Yes		16. SOCIAL SECURITY NO. 487-01-8253		17. INFORMANT Ann Chappel Lone Jack 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) <u>Mete Static Carcinoma</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Carcinoma of large intestine</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) _____						INTERVAL BETWEEN ONSET AND DEATH 2 YRS	
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 _____ a. m. _____ p. m. _____			20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____				
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION _____		COUNTY _____		STATE _____	
21. I attended the deceased from _____ to _____ and last saw him alive on 3-3-58 Death occurred at 1:30 AM on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE James W. Williams MD				22b. ADDRESS Oak Grove Mo		22c. DATE SIGNED 3-5-58	
23a. BURIAL, CREMATION REMOVAL (Specify) Burial		23b. DATE 3-6-1958	23c. NAME OF CEMETERY OR CREMATORY Holliness Cemetery		23d. LOCATION (City, town, or county) (State) R.F.D. Lone Jack Mo		
24. FUNERAL DIRECTOR Webb Funeral Home				ADDRESS Oak Grove Mo		25. DATE RECD. BY LOCAL REG. 3-7-1958	26. REGISTRAR'S SIGNATURE M.B. Langford

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service  
000  
-5-62  
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. At  
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MAR 18 1958

MAR 28 1958

MAR 1 2 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em  
by me, or by ..... Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *R.B. Webb*.....

Licensed Embalmer No. 230

P. O. Address *Blue Spring*

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 this body is not embalmed, fact should be so stated above.