

FILED APR 23 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-015645

STATE FILE NUMBER

4162

Registration District No.

318

Primary Registration District No.

1003

Registrar's No.

300  
-570

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>St. Louis</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Dupo</i>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Mo. Pac. Hosp</i>		Length of stay in lb <i>6 days</i>	d. STREET ADDRESS (If outside, give location) <i>118 N. Main St.</i>

3. NAME OF DECEASED (Type or print) First Middle Last <i>WILLIAM CLEO CHAPMAN</i>			4. DATE OF DEATH Month Day Year <i>4 14 1958</i>	
5. SEX <i>M</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>July 10, 1897</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Switchman</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Mo. Pac. Railroad</i>	11. BIRTHPLACE (City and state or country) <i>Rector ARKANSAS</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>
13a. FATHER'S NAME <i>George CHAPMAN</i>		13b. MOTHER'S MAIDEN NAME <i>Mentie MONTGOMERY</i>		14. NAME OF HUSBAND OR WIFE <i>Amie STATTEN Chapman</i>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>702-146440</i>	17. INFORMANT <i>Amie Chapman</i> Address <i>Dupo, Illinois</i>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Myocardial infarction, recurrent</i>		INTERVAL BETWEEN ONSET AND DEATH <i>6 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b)		
DUE TO (c) <i>420.1</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>Congestive cardiac failure</i>		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 <i>4/8/1958</i> to <i>4/14/1958</i> and last saw him alive on <i>4/14/1958</i> Death occurred at <i>1:50 P.M.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) <i>R. C. Newman M.D.</i>	22b. ADDRESS <i>1755 So GRAND DR</i>	22c. DATE SIGNED <i>4/15/58</i>

23a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>	23b. DATE <i>4/14/58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Lake View Memorial</i>	23d. LOCATION (City, town, or county) (State) <i>Belleville, Illinois</i>
24. FUNERAL DIRECTOR <i>Harold A. Washburn</i> ADDRESS <i>Dupo, Illinois</i>		25. DATE RECD. BY LOCAL REG. <i>APR 16 '58</i>	26. REGISTRAR'S SIGNATURE <i>J. Carl Smith, M.D.</i> <i>S.P.</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *Harold A. Cashner* .....

Licensed Embalmer No. .... 4621  
P. O. Address..... Dupi, Illinois

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.