

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-022752
STATE FILE NUMBER

FILED JUL 2 1958 Registration District No. 267 Primary Registration District No. 3049 Registrar's No. 143

5. 300
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Secondary causes, etc., must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY PEMISCOT		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) (If institution: Residence before death) a. STATE MISSOURI b. COUNTY NEW MADRID (If institution: Residence before death) 10720	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HAYTI		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN PORTAGEVILLE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PEMISCOT MEMORIAL HOSPITAL		Length of stay in 1b 0780	d. STREET ADDRESS (If outside, give location) 0780
3. NAME OF DECEASED (Type or print) First LEMUEL Middle STEWART Last CHAPPEL			4. DATE OF DEATH Month JUNE Day 18 Year 1958
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MARCH 26, 1885
10a. USUAL OCCUPATION (Give kind of work done during part of working life, if retired) RETIRED FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM	9. AGE (In years last birthday) 73
11. BIRTHPLACE (City and State or country) DIXON, TENNESSEE		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME BEN CHAPPEL		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE CLELLA CHAPPEL
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT MRS. CLELLA CHAPPEL Address PORTAGEVILLE, 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) Uremia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Chronic Malignant Hypertension DUE TO (c) 445X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Cerebral Vascular Accident, mild, left side.			INTERVAL BETWEEN ONSET AND DEATH
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 <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 1957 to 18 June 1958 and last saw him alive on 18 June 1958 Death occurred at 7:05 P m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Andrew E Painter M.D.		22b. ADDRESS King St. Portageville, Missouri	22c. DATE SIGNED 21 June 1958
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE JUNE 20, 1958	23c. NAME OF CEMETERY OR CREMATORY PORTAGEVILLE, CEMETERY	23d. LOCATION (City, town, or county) (State) PORTAGEVILLE, MISSOURI
24. FUNERAL DIRECTOR DELISLE FUNERAL PARLOR PORTAGEVILLE, MO.		25. DATE RECD. BY LOCAL REG. 6-23-58	26. REGISTRAR'S SIGNATURE John W. Gorman

6-183-58

JUN 30 1958

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

JUN 21 1958

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 *Joseph A. McFarland*
Licensed Embalmer No. 1481
P. O. Address PORTAGEVILLE, MO.

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.