

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025295

STATE FILE NUMBER

FILED AUG 8 1958 Registration District No. 144 Primary Registration District No. 4234 Registrar's No. 76

1. PLACE OF DEATH a. COUNTY <u>Iron</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Ironton, Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Middlebrook Mo. RR#1</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>St. Marys Hosp.</u>			Length of stay in 1b <u>6 days</u>		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First <u>Walter</u> Middle <u>None</u> Last <u>Chapman</u>				4. DATE OF DEATH Month <u>7</u> Day <u>29</u> Year <u>58</u>				
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>2/22/1882</u>		9. AGE (In years last birthday) <u>76</u> IF UNDER 1 YEAR Months <u>5</u> Days <u>7</u> Hours <u></u> Min. <u></u> IF UNDER 24 HRS.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Gen Farming</u>		11. BIRTHPLACE (City and state or country) <u>Montrey, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US.A.</u>	
13. FATHER'S NAME <u>Thomas Chapman</u>				14. MOTHER'S MAIDEN NAME <u>Unk</u>				
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>no</u>		16. SOCIAL SECURITY NO.		17. INFORMANT Address <u>Bernard Chapman Middlebrook Mo</u>				
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>Coronary Occlusion.</u>							INTERVAL BETWEEN ONSET AND DEATH <u>1 week</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Arterio-sclerotic Heart Disease</u>							<u>years.</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4200</u>							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <u>2</u>	
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. Month, Day, Year _____								
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 <u>3-25-56</u> to <u>7-29-58</u> and last saw her alive on <u>7-29-58</u> Death occurred at <u>1:20 p.m.</u> on the date stated above; and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <u>Marvin C. Meane, MD</u>				22b. ADDRESS <u>109 N. Main, Ironton, Mo.</u>			22c. DATE SIGNED <u>7/29/58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>7/31/1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Caledonia Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Caledonia Mo.</u>			
24. FUNERAL DIRECTOR ADDRESS <u>C. A. Howell</u> <u>Ironton, Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>7/31/58</u>		26. REGISTRAR'S SIGNATURE <u>Mrs. Aris Jones</u>		

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *C. R. Hawbell*

Licensed Embalmer No. *365*

P. O. Address, *Route*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (If 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.