

Health,  
& Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-025388  
STATE FILE NUMBER  
3655

FILED AUG 15 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3655

S. 300  
1-57

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>ST. LOUIS</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>University City, 336</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>City Jail</b>		Length of stay in 1b <b>30 days</b>	d. STREET ADDRESS (If outside, give location) <b>6955 Pershing Ave.</b>
3. NAME OF DECEASED (Type or print) First Middle Last <b>Ora J. Chapman</b>		4. DATE OF DEATH Month Day Year <b>JUL 29, 1958</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Nov. 11, 1904</b>
9. AGE (In years last birthday) <b>53</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Unemployed-?</b>	11. BIRTHPLACE (City and state or country) <b>Rich Hill, Mo.</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13. FATHER'S NAME <b>George L Chapman</b>	
14. MOTHER'S MAIDEN NAME <b>Martha Page</b>		15. NAME OF HUSBAND OR WIFE <b>none</b>	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, for unknown) (If yes, give war or dates of service) <b>No</b>		17. SOCIAL SECURITY NO. <b>?</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Spl. &amp; subarachnoid hemorrhage</b>		19. INTERVAL BETWEEN ONSET AND DEATH <b>5982</b>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input checked="" type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>In Quarrel struck head</b>	
20c. TIME OF INJURY Hour Month, Day, Year a.m. <b>7:39</b> p.m. <b>48</b>		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) <b>City Jail</b>	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20f. CITY, TOWN, OR LOCATION <b>Kansas City, Jackson MO</b>	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) <b>Hugh H. Owens, Coroner</b>	
22a. ADDRESS <b>1034 Bristle Bldg</b>		22c. DATE SIGNED <b>7-29-58</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>Jul. 31, 58</b>	
23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Calvary Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Kansas City, Kansas</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Peter B. Iapetina, K.C., Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>7-30-58</b>	
26. REGISTRAR'S SIGNATURE <b>Reva Marshall</b>			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

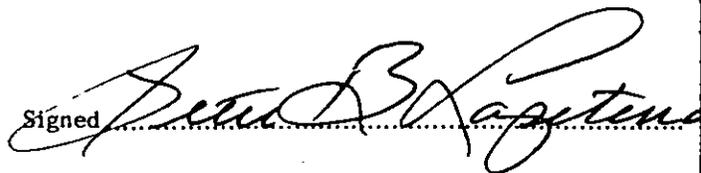
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION  
Hugh H. Owens



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 

Licensed Embalmer No. .... 4273 .....

P. O. Address ..... K. C. 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.