

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-036310
STATE FILE NUMBER

FILED OCT 23 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4698

300
1-57

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) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Menorah Hosp DOA		Length of stay in 1b 24 yrs.	d. STREET ADDRESS (If outside, give location) 1326 E. 36th St.
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES ARNOLD CHAPMAN			4. DATE OF DEATH Month Day Year Oct. 3, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH Mar 2, 1912
9. AGE (In years last birthday) 46		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Guard		10b. KIND OF BUSINESS OR INDUSTRY Ball Park	11. BIRTHPLACE (City and state or country) Jefferson City, Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Smith Chapman	
13b. MOTHER'S MAIDEN NAME Mrs. Sophie M. Wachter		14. NAME OF HUSBAND OR WIFE - - -	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, near or unknown) (If yes, give year dates of service) Yes WW2		16. SOCIAL SECURITY NO. 496-03-2342	17. INFORMANT Address Mrs. Sophie Pumphrey - 3741 Bellefontaine
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> DUE TO (b) <u>atherosclerosis</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 1 day 9 yrs. 42-01
19. WAS AUTOPSY PERFORMED? 1 YES <input checked="" type="checkbox"/> NO <input 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 1754 to 10-3-1958 and last saw her alive on Aug 18, 1958 Death occurred at <u>menorah hosp</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Harry C. Wall M.D.		22b. ADDRESS 751 E 63rd 4403 Grand - K.C., Mo.	22c. DATE SIGNED 10-4-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-7-58	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cmbrtry	23d. LOCATION (City, town, or county) (State) Kansas City 33, Mo.
24. FUNERAL DIRECTOR Mellody-McGilley-Eylar	ADDRESS 1800 Linwood	25. DATE RECD. BY LOCAL REG. 10-6-58	26. REGISTRAR'S SIGNATURE New Marshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

HARRY C. WALL

All diseases in Part I must be causally related.

A. Harry C. Wall
 63rd + Rock Hill Rd
 Dr. Redg. East. 250
 Em 3-2553
 \$1.00



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 *Melvin Barton*

Licensed Embalmer No. *4903*
 P. O. Address *KC 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.