

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040453
STATE FILE NUMBER

FILED NOV 20 1958 Registration District No. 157 Primary Registration District No. 5584 Registrar's No. 208

S. 300
1-57

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Avilla</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Avilla</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Avilla, Mo.</u>		Length of stay in lb <u>4 yrs.</u>	d. STREET ADDRESS (If outside, give location) <u>049 Avilla (No St. Add)</u>
3. NAME OF DECEASED (Type or print) First <u>C.</u> Middle <u>Milburn</u> Last <u>Chapman</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>13</u> Year <u>1958</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>Jan. 27, 1883</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		9b. KIND OF BUSINESS OR INDUSTRY <u>Retd. Farmer</u>	9c. AGE (In years last birthday) <u>75</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retd. Farmer</u>	10c. BIRTHPLACE (City and state or country) <u>1 Mile North of Avilla, U.S.A.</u>
11. BIRTHPLACE (City and state or country) <u>1 Mile North of Avilla, U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Calvary Chapman</u>		13b. MOTHER'S MAIDEN NAME <u>Caldonia Bottoms</u>	
14. NAME OF HUSBAND OR WIFE <u>Edna Grace Hall</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. <u>492-42-8807</u>		17. INFORMANT Address <u>Mrs. C.M. Chapman - Avilla, 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>Cerebral hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</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) <u>331 X</u>			19. INTERVAL BETWEEN ONSET AND DEATH <u>April '57</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>26 Apr '57</u> to <u>13 Nov '58</u> and last saw ^{her} alive on <u>10 NOV '58</u> Death occurred at <u>13 NOV 7:50 A.M.</u> on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>H.E. Byrd</u> (D, name or title)		22b. ADDRESS <u>M.D. Carthage, Missouri</u>	
22c. DATE SIGNED <u>11-13-58</u>		23. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>11-15-58</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>New Hope Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>N.E. of Avilla, Mo.</u>	
24. FUNERAL DIRECTOR <u>The Ulmer Funeral Home - Carthage</u>		25. DATE RECD. BY LOCAL REG. <u>11-14-58</u>	
26. REGISTRAR'S SIGNATURE <u>W.H. Clifton</u>			

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 Harold Tuttle, Student Embalmer No. 571 working under my personal supervision.

Student Harold Tuttle
Signature of Student Embalmer

Signed Edwin C. Smith

Licensed Embalmer No. 195-5
P. O. Address Bartholomew

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.