Health, Welfare Public Service

300
1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004157
STATE FILE NUMBER

FILED FEB 4 1959

Registration District No. 338 Primary Registration District No. 4501 Registrar's No. 4

1. PLACE OF DEATH
a. COUNTY Stoddard
b. CITY OR TOWN Bloomfield — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) at home — Length of stay in 1b: 5 yrs.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Stoddard
c. CITY OR TOWN Bloomfield 1038 — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS --- (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First OLIVE Middle CHAPMAN Last JAMISON
4. DATE OF DEATH: Month Jan. Day 15, Year 1959
5. SEX: F. 1
6. COLOR OR RACE: W.
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☒ 2 DIVORCED ☐
8. DATE OF BIRTH: Jan. 10-1874
9. AGE (In years last birthday): 85 — 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): housewife
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (City and state or country): Bloomfield, Mo. 0
12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME: Stephen Chapman
13b. MOTHER'S MAIDEN NAME: Nancy Jane Pirtle
14. ~~NAME OF HUSBAND OR WIFE~~: -------
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.: None
17. INFORMANT: Mrs. Louis Curry, Address: Bloomfield, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) — INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Mesenteric Thrombosis — 24 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — years.
DUE TO (c) Possible Carcinoma of Liver (?) — under.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senile Psychosis 1561
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐ 0

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 June 56, to 1-15-59 and last saw her alive on 1-15-59
Death occurred at 4:00 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Stephen Baker M.D. (Degree or title)
22b. ADDRESS Bloomfield, Mo
22c. DATE SIGNED 1-27-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Jan. 16, 59
23c. NAME OF CEMETERY OR CREMATORY: Old Bloomfield Cem.
23d. LOCATION (City, town, or county) (State): Bloomfield, Missouri

24. FUNERAL DIRECTOR: CHILES UND. CO. ADDRESS: BLOOMFIELD, MO.
25. DATE RECD. BY LOCAL REG.: 1-30-59
26. REGISTRAR'S SIGNATURE: Mrs. George L. Baker

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

FEB 10 1980

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, ~~&~~ by Lulu Cooper #3499, ~~Student Embalmer~~ No. .....

~~working under my personal supervision~~

~~Student~~ .....

~~Signature of Student Embalmer~~

Signed Lulu C. Cooper

Licensed Embalmer No. 4119

P. O. Address Bloomfield, 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.