No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-004327
State File No.

FILED MAR 16 1959

BIRTH NO. REG. DIST. NO. 1 PRIMARY REG. DIST. NO. 3000 Registrar's No. 80

1. PLACE OF DEATH
a. COUNTY: ADAIR
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kirksville
c. LENGTH OF STAY (In this place): 2 days
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Laughlin Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo
b. COUNTY: Lewis
c. CITY OR TOWN: Lewistown
STREET ADDRESS (If rural, give location):
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐

3. NAME OF DECEASED (Type or Print)
a. (First): Ernest
b. (Middle): S.
c. (Last): Chipman

4. DATE OF DEATH (Month): 3 (Day): 6 (Year): 59

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 4-21-1894
9. AGE (In years last birthday): 64 — 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): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: General
11. BIRTHPLACE (City and State or Foreign Country): MO
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James M. Chipman
13b. MOTHER'S MAIDEN NAME: Margaret Steward.
14. NAME OF HUSBAND OR WIFE: Mrs Inez Chipman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No. (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: 492-42-5762
17. INFORMANT'S SIGNATURE OR NAME: Mrs Ernest S. Chipman
ADDRESS: Lewistown, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Uremia
DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS: Congestive Heart Failure, peritonitis
Conditions contributing to the death but not related to the disease or condition causing death. Acute pulmonary edema

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE):
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 3-4, *1959, to* 3-6, *1959, that I last saw the deceased alive on* 3-6, *1959, and that death occurred at* 1 40 p *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Richard Paul Valuck DO
23b. ADDRESS: Laughlin Hospital Kirksville
23c. DATE SIGNED: 3-6-59

24a. BURIAL, ~~CREMATION~~, REMOVAL (Specify):
24b. DATE: 8 March '59
24c. NAME OF CEMETERY OR CREMATORY: Durham Cemetery
24d. LOCATION (City, town, or county) (State): Durham Mo.

DATE REC'D BY LOCAL REG.: 3-10-1959
REGISTRAR'S SIGNATURE: Doris W. Ratliff
25. FUNERAL DIRECTOR'S SIGNATURE: Thos. Ball
ADDRESS: Ewing Mo.

(Licensed Embalmer's Statement on Reverse Side)

RICHARD PAUL VALUCK, D.O.

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalm

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed L. M. Cabell.....

Licensed Embalmer No. 490

P. O. Address Ewing

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