

**MURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH**

**59-020437**

JUN 30 1959 42 1000 661  
 Registration District No. Primary Registration District No. Registrar's No. STATE FILE NUMBER

RECEIVED

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		Length of stay in 1b <b>40 years</b>		c. CITY OR TOWN <b>St. Joseph v</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1309 N. 10th Street</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>410 S. 6th St.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>Louis</b> Middle Last <b>Chapman</b>				4. DATE OF DEATH Month <b>June</b> Day <b>23</b> Year <b>1959</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>2/19/1876</b>	9. AGE (last birthday) <b>81</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Store keeper</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Army Store</b>	11. BIRTHPLACE (City and state or country) <b>Russia</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>		
13a. FATHER'S NAME <b>Osher Zelig Chapman</b>			13b. MOTHER'S MAIDEN NAME <b>Chaya Bader</b>			14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>		17. INFORMANT Address <b>William Pennett St. Joseph, Missouri.</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>Carcinomatosis</b> DUE TO (b) <b>Ca. of prostate</b> DUE TO (c) <b>Ca. of colon, metast. 1917. Ca. of colon 1956</b> 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 <b>7 years</b> <b>21 years</b>	
19. WAS AUTOPSY PERFORMED? 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 <b>1954</b> 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 <b>12:45 P.</b> to <b>date</b> and last saw him alive on <b>22 June 1959</b> Death occurred at <b>1954</b> m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) <b>Willie O. McDonald, M.D.</b>				22b. ADDRESS <b>301 N. 8th St. St. Joseph</b>		22c. DATE SIGNED <b>23 June '59</b>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>June 24, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Beth Tefilo Emanuel Cem.</b>		23d. LOCATION (City, town, or county) <b>Oakland Co., Michigan</b>		(State)	
24. FUNERAL DIRECTOR <b>Meierhoffer Flemons</b> ADDRESS <b>St. Joseph, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>June 25, 1959</b>		26. REGISTRAR'S SIGNATURE <b>Wm. Clark Standell</b>		

DOCUMENT

BY AFFIDAVIT OF M.P. McDonald

**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

*Elbert C. Herwig*

Licensed Embalmer No. 5258

P. O. Address

St. Joseph, 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.