

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-024412

FILED VS AUG 4 1959

Registration District No. 53 Primary Registration District No. 3009 Registrar's No. 263

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Perry</u>						
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Jackson</u>		Length of stay in 1b		c. CITY OR TOWN <u>Perryville</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Deal Nursing Home</u>			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <u>24A N. Jackson</u>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
3. NAME OF DECEASED (Type or print) First Middle Last <u>August Frank Chappius</u>				4. DATE OF DEATH Month Day Year <u>July 24, 1959</u>						
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan. 2, 1877</u>	9. AGE (last birthday) <u>82</u>	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) <u>Retired</u>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) <u>Perry County, Mo., U.S.A.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Unknown</u>			13b. MOTHER'S MAIDEN NAME <u>Unknown</u>			12. NAME OF HUSBAND OR WIFE <u>Cecilia Weinkein</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>			16. SOCIAL SECURITY NO.		17. INFORMANT <u>Harry Chappius, Perryville, Mo</u>			Address		
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>Myocarditis of Senility</u> <u>Mid 74</u> DUE TO (b) <u>Don't know</u> DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.								INTERVAL BETWEEN ONSET AND DEATH		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown				
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 <u>Jackson Mo</u>		COUNTY STATE	
21. I attended the deceased from <u>June 1-59</u> and last saw him alive on <u>July 11-59</u> Death occurred at <u>July 24-59 12:30 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.										
22a. SIGNATURE <u>W.D. Labadie, M.D.</u> (Degree or title)				22b. ADDRESS <u>Jackson Mo</u>				22c. DATE SIGNED <u>7-27-59</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>July 24, 1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Mt. Hope Cem., Perryville Mo</u>			23d. LOCATION (City, town, or county) (State)				
24. FUNERAL DIRECTOR <u>Albert Bey, Perryville, Mo.</u> ADDRESS				25. DATE RECD. BY LOCAL REG. <u>7-27-1959</u>		26. REGISTRAR'S SIGNATURE <u>Gene Kasten</u>				

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

