

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-027610

FILED VS AUG 3 1959 317

Registration District No. 317 Primary Registration District No. 590 Registrar's No. 1930

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY St. Louis				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY New Madrid									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Valley Park		Length of stay in 1b 10 wks		c. CITY OR TOWN Risco		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 902 Vest Ave			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Gen. Del. Box 67		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First JENNIE Middle BELL Last CHIPMAN				4. DATE OF DEATH Month July Day 18 Year 1959									
5. SEX Female		6. COLOR OR RACE White		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9-3-1890		9. AGE (last birthday) 68		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife			10b. KIND OF BUSINESS OR INDUSTRY None		11. BIRTHPLACE (City and state or country) Blytheville, Ark.			12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Sam Cable				13b. MOTHER'S MAIDEN NAME Jennie Unknown				14. NAME OF HUSBAND OR WIFE John Chipman					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) No None				16. SOCIAL SECURITY NO. None		17. INFORMANT Valley Park, Mo. John E. Chipman-902 Vest Ave.							
18. CAUSE OF DEATH (Enter only one cause per (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma of lung										INTERVAL BETWEEN ONSET AND DEATH 8 mo.			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____													
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 checked="" 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 _____ 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 May, 1959 to July 18, 1959 and last saw her ^{her} alive on July 17, 1959 Death occurred at 6:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE S. H. Bondson, M.D. (Degree or title)				22b. ADDRESS 9721 Manchester Rock Hill 19 Mo				22c. DATE SIGNED 7-19-59					
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 7-18-1959		23c. NAME OF CEMETERY OR CREMATORY Pine Log Cem.				23d. LOCATION (City, town, or county) (State) Paragould, Ark.					
24. FUNERAL DIRECTOR Pfztinger Mort.-Kirkwood 22, Mo. ADDRESS				25. DATE RECD. BY LOCAL REG. 7-19-59		26. REGISTRAR'S SIGNATURE John C. Murphy M.D.							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Robert J. G. Jr.

Licensed Embalmer No. 4800

P. O. Address Richmond Va.

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