

FILED VS SEP 14 1959

Registration District No. 137 Primary Registration District No. _____ Registrar's No. 231

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <u>HENRY</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>HENRY</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Deepwater</u>			Length of stay in 1b <u>10 mo</u>		c. CITY OR TOWN <u>Deepwater</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If not in hospital, give location) <u>Deepwater</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) <u>James</u> First <u>Chapman</u> Middle Last				4. DATE OF DEATH <u>Sept-8-1959</u> Month Day Year			
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Mar-10-1920</u>	9. AGE (last birthday) <u>39</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>Salesman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Automobile</u>		11. BIRTHPLACE (City and state or country) <u>St Clair Co.</u>		12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>	
13a. FATHER'S NAME <u>James Chapman</u>		13b. MOTHER'S MAIDEN NAME <u>Lena P. Snyder</u>		14. NAME OF HUSBAND OR WIFE <u>Kathryn Chapman</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W. # 2</u>		16. SOCIAL SECURITY NO. <u>496-01-5855</u>		17. INFORMANT <u>Kathryn Chapman, Deepwater, 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>CORONARY OCCLUSION</u>							INTERVAL BETWEEN ONSET AND DEATH <u>6 mo.</u>
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 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 <u>Mar '59</u> to <u>8 Sept '59</u> and last saw him alive on <u>8 Sept. '59</u> Death occurred at <u>9 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Hugh B. Walker, MD</u> (Degree or title)			22b. ADDRESS <u>Clinton, Mo</u>			22c. DATE SIGNED <u>9 Sept '59</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>Sept-10-1959</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Landacre Cemetery</u>			23d. LOCATION (City, town, or county) (State) <u>Near Lowry City, Mo.</u>		
24. FUNERAL DIRECTOR <u>Melvin L. Janssens</u> ADDRESS <u>Deepwater</u>		25. DATE RECD. BY LOCAL REG. <u>Sept. 10-1959</u>		26. REGISTRAR'S SIGNATURE <u>Melmed Bigum</u>			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS
SEP 14 1959

MS
OCT 9 1959

OCT 5 1959

SEP 17 1958

MAR 31 1960

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 Melvin L. Janssens

Licensed Embalmer No. 4589

P. O. Address Appleton, Wis.

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.