

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-038304
STATE FILE NUMBER

FILED VS OCT 27 1960

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5082

DEED

1. PLACE OF DEATH a. COUNTY <u>Lecton</u>		2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Lecton</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City #2 yrs</u>		c. CITY OR TOWN <u>Kansas City</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>General Hosp</u>		d. STREET ADDRESS (If outside, give location) <u>444 Macy</u>	

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year
Thelma Vivian Chapman 10 7 60

5. SEX female 6. COLOR OR RACE white 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 3/28-38 9. AGE (last birthday) 62

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife 10b. KIND OF BUSINESS OR INDUSTRY own home 11. BIRTHPLACE (City and state or country) Texarkana, Texas 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME The M. Mickle 13b. MOTHER'S MAIDEN NAME Laura Torrence 14. NAME OF HUSBAND OR WIFE Wm. A. Chapman

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no 16. SOCIAL SECURITY NO. --- 17. INFORMANT Rena Shannon Address 680 Ridgeway

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
 PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Hemorrhage - Broncho pneumonia
 Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cirrhosis of liver
 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.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 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 NOT WHILE AT WORK 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 8-10-1960 to 10-7-1960 and last saw her alive on 10-7-1960
 Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. L. Dwyer, M.D. 22b. ADDRESS 2400 Perry City 22c. DATE SIGNED 10-7-1960

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 10-10-1960 23c. NAME OF CEMETERY OR CREMATORY Memorial Park Lawrence, Kansas 23d. LOCATION (City, town, or county) (State)

24. FUNERAL DIRECTOR ADDRESS C. N. Blackman & son 14 C. Mo 25. DATE RECD. BY LOCAL REG. 10-10-60 26. REGISTRAR'S SIGNATURE H. L. Dwyer

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF L. Dwyer

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 Bert B. Benn

Licensed Embalmer No. 4656

P. O. Address W.C. 2

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