SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ED VS FEB 8 1961

AMENDED

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 36

-61-001814
STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY: Jasper
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Carthage
Length of stay in Ib: 50 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: McCune Brooks Hosp.
Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Jasper
c. CITY OR TOWN: Carthage
Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1045 S. McGregor
Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Ida Middle: Moore Last: Chapman
4. DATE OF DEATH: Month: January Day: 30 Year: 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married [X] Never Married [ ] Widowed [ ] Divorced [ ]
8. DATE OF BIRTH: 2-4-1876
9. AGE (last birthday): 84
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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Housewife
11. BIRTHPLACE (City and state or country): Pettis County, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: J. P. Moore
13b. MOTHER'S MAIDEN NAME: Patty Rogers
14. NAME OF HUSBAND OR WIFE: Frank B. Chapman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Victor Geisert, Carthage, Mo. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Pneumonia — INTERVAL BETWEEN ONSET AND DEATH: 3 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Arteriosclerosis Cerebral
DUE TO (c): Arteriosclerosis General
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Fracture of hip Nov 20, 1960
PART III. If deceased was female was there a pregnancy in last 90 days. [ ] Yes [X] No [ ] Unknown
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]
20a. ACCIDENT [X] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Fell at home
20c. TIME OF INJURY: Hour a.m. p.m. Month, Day, Year
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.): Home
20f. CITY, TOWN, OR LOCATION: Carthage COUNTY: Jasper STATE: Mo
21. I attended the deceased from Nov 20, 1960 to Jan 30, 1961 I last saw her/him alive on
Death occurred at 12:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: D Russell Smith (Degree or title) MD.
22b. ADDRESS: Carthage, Missouri
22c. DATE SIGNED: 1-31-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 2-1-61
23c. NAME OF CEMETERY OR CREMATORY: Park Cemetery
23d. LOCATION (City, town, or county) (State): Carthage, Missouri
24. FUNERAL DIRECTOR ADDRESS: Ulmer Funeral Home, Carthage, Mo.
25. DATE RECD. BY LOCAL REG.: Feb 1, 1961
26. REGISTRAR'S SIGNATURE: Elly Clinton

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 Melvin Garrett

Melvin Garrett
Licensed Embalmer No. 5121

P. O. Address Carthage, 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.