

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002357

FILED VS JAN 23 1961
 AMENDED

Registration District No. 245 Primary Registration District No. 3047 Registrar's No. 7

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Newton				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Jasper									
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Neosho		Length of stay in lb DOA		c. CITY OR TOWN Carthage		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION DOA Sale Memorial Hosp			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 800 E. Chestnut		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First Rosa Middle Lee Last Chapman				4. DATE OF DEATH Month January Day 7 Year 1961									
5. SEX Female		6. COLOR OR RACE White		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1-22-29		9. AGE (last birthday) 31		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 Home		11. BIRTHPLACE (City and state or country) Carthage, Mo.		12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Charles Hendricks				13b. MOTHER'S MAIDEN NAME Florence Potter				14. NAME OF HUSBAND OR WIFE Clarence LeRoy Chapman					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no						7. INFORMANT Address Mr. Joe Beckett, Carthage, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Fractured Neck Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Automobile Accident DUE TO (c)										INTERVAL BETWEEN ONSET AND DEATH One			
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 checked="" 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.) Auto Wreck									
20c. TIME OF INJURY 10:00 p.m.		Hour Month, Day, Year 1 7-61											
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Highway 71st.		20f. CITY, TOWN, OR LOCATION Newton Mo.		COUNTY		STATE					
21. I attended the deceased from D. J. H. H. H. and last saw her him alive on 10:00 P. Death occurred at 10:00 P. m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE G. Lyle M. Johnson				(Degree or title) Coroner				22b. ADDRESS Neosho Mo		22c. DATE SIGNED 1-9-61			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1-14-61		23c. NAME OF CEMETERY OR CREMATORY Oak Hill Cemetery		23d. LOCATION (City, town, or county) (State) Carthage, Missouri							
24. FUNERAL DIRECTOR Ulmer Funeral Home, Carthage, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. 1-16-1961		26. REGISTRAR'S SIGNATURE D. L. C. Bowman, M.D.					

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED
6/13/61

INSTEAD OF
1-22-29

SHOULD READ
1-28-29

ITEM NO.
8

DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF Fun. Dir.

By R.C.

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 C. Garrett

Melvin C. 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.