

FILED AUG 14 1961

Primary Registration District No.

5439

Registrar's No.

23

-61-024705

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

1. PLACE OF DEATH a. COUNTY Gasconade				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Gasconade				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Canaan Twp.		Length of stay in 1b about 15 yrs		c. CITY OR TOWN Gerald		Inside Limits Yes ☐ No ☒		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION near a filling station			Inside Limits Yes ☐ No ☒		d. STREET ADDRESS (If outside, give location) Rural Route		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Ronald Middle Clarence Last Chapman				4. DATE OF DEATH Month August Day 2 Year 1961				
5. SEX male	6. COLOR OR RACE white	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐		8. DATE OF BIRTH 10-8-1945	9. AGE (last birthday) 17	IF UNDER 1 YEAR Months Days Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) common laborer		10b. KIND OF BUSINESS OR INDUSTRY **		11. BIRTHPLACE (City and state or country) St. Louis, Mo.		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Clarence Chapman			13b. MOTHER'S MAIDEN NAME Myrtle Farrow			14. NAME OF HUSBAND OR WIFE none		
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. 498-46-3962		17. INFORMANT Clarence Chapman Address Gerald, 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) VERDICT OF CORONER'S JURY: "ACCIDENTAL DEATH BY ELECTRICUTION" Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							INTERVAL BETWEEN ONSET AND DEATH	
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.) CONTACT ELECTRIC WIRES						
20c. TIME OF INJURY Hour 11:20 a.m. 8-2-1961								
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.) GAS SERVICE STATION	20f. CITY, TOWN, OR LOCATION RFD	COUNTY Gasconade	STATE Mo				
21. I attended the deceased from _____, to _____ and last saw her alive on _____. Death occurred at 11:20 A. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <i>Clarence Chapman</i> (Degree or title) CORONER				22b. ADDRESS HERMANN Mo		22c. DATE SIGNED 8/4/1961		
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8-5-1961	23c. NAME OF CEMETERY OR CREMATORY Bethel Cemetery		23d. LOCATION (City, town, or county) (State) Summersville, Mo.				
24. FUNERAL DIRECTOR Gottenstroeter Funeral Home Owensville, Mo.				25. DATE RECD. BY LOCAL REG. August 5, 1961		26. REGISTRAR'S SIGNATURE <i>Mrs. Maurine Jappmeyer</i>		
<i>Mildred H. Winter</i> (Licensed Embalmer's Statement on Reverse Side)								

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 TERRY A. THOMPSON, Student Embalmer No. 624
 working under my personal supervision.

Student Terry A. Thompson Signed _____
 Signature of Student Embalmer
 Licensed Embalmer No. 3838
 P. O. Address OWENSVILLE

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.