MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-028578
STATE FILE NUMBER

Chapman
AMENDED

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 336

FILED AUG 21 1961

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED	BY AFFIDAVIT OF DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Cape Girardeau
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Cape Girardeau — Length of stay in 1b: 26 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Francis — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Illinois b. COUNTY: Pulaski
c. CITY OR TOWN: Ullin — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First Stella — Middle — Last Haskins
4. DATE OF DEATH: Month August Day 13, Year 1961
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 7-1-1891
9. AGE (last birthday): 70 — 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: At Home
11. BIRTHPLACE (City and state or country): Dongola, Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Lee Watson
13b. MOTHER'S MAIDEN NAME: Mary (Unknown
14. NAME OF HUSBAND OR WIFE: Arthur Haskins
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.: Unk.
17. INFORMANT: Mrs. Virginia Severs — Address: Ullin, Ill.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Respiratory acidosis — INTERVAL BETWEEN ONSET AND DEATH: 1 month
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): obstructive pulmonary emphasema — several years
DUE TO (c): intrinsic asthma
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Pulmonary fibrosis.
PART III. If deceased was female was there a pregnancy, in last 90 days. ☐ Yes ☐ No ☐ Unknown

MEDICAL CERTIFICATION

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 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.)
20f. CITY, TOWN, OR LOCATION — COUNTY — STATE

21. I attended the deceased from 2-23-60, to death and last saw her/him alive on Aug. 12, 1961
Death occurred at 5:25 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Jean A. Chapman, M.D.
22b. ADDRESS: 902 Broadway, Cape Girardeau, Mo.
22c. DATE SIGNED: 15 Aug 61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7-15-61
23c. NAME OF CEMETERY OR CREMATORY: Ullin
23d. LOCATION (City, town, or county) (State): Ullin, Illinois

24. FUNERAL DIRECTOR: Mary Alice Stringer — ADDRESS: Ullin, Ill.
25. DATE RECD. BY LOCAL REG.: 8-19-61
26. REGISTRAR'S SIGNATURE: Irene Karten

(Licensed Embalmer's Statement on Reverse Side)

AUG 22 1967

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 Mary Glen Stringer

Licensed Embalmer No. 7875

P. O. Address Yellow, Ala

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.