

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-043411

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 374 Primary Registration District No. 4647 Registrar's No. 20

STATE FILE NUMBER

AMENDED

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |  |   |  |   |  |  |   |
|---|--|---|--|---|--|--|---|
| <b>1. PLACE OF DEATH</b><br>a. COUNTY <u>Worth</u>  |  |   |  | <b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Worth</u> |  |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Grant City</u>  |  |   | Length of stay in 1b<br><u>Life</u>  |   | c. CITY OR TOWN <u>Grant City</u>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>408 Thomas Street</u>   |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)<br><u>408 Thomas Street</u>          |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| <b>3. NAME OF DECEASED</b><br>(Type or print)<br><u>Linzey Bert Chapman</u>   |  |   |  | <b>4. DATE OF DEATH</b><br>Month <u>November</u> Day <u>27</u> Year <u>1961</u>   |  |  |   |
| <b>5. SEX</b><br><u>Male</u>  | <b>6. COLOR OR RACE</b><br><u>White</u>  | <b>7. Married</b> <input checked="" type="checkbox"/> <b>Never Married</b> <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | <b>8. DATE OF BIRTH</b><br><u>10-9-1891</u>  | <b>9. AGE (last birthday)</b><br><u>70</u>  | <b>IF UNDER 1 YEAR</b><br>Months <u>      </u> Days <u>      </u>                  | <b>IF UNDER 24 HR</b><br>Hours <u>      </u> Min. <u>      </u>  |   |
| <b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)<br><u>Laborer</u>  |  | <b>10b. KIND OF BUSINESS OR INDUSTRY</b><br><u>General</u>  |  | <b>11. BIRTHPLACE</b> (City and state or country)<br><u>Missouri</u>  |  | <b>12. CITIZEN OF WHAT COUNTRY</b><br><u>U. S.</u>   |   |
| <b>13a. FATHER'S NAME</b><br><u>John Chapman</u>  |  |   | <b>13b. MOTHER'S MAIDEN NAME</b><br><u>Kitty Poe</u>                                 |   | <b>14. NAME OF HUSBAND OR WIFE</b><br><u>Lola Chapman</u>                          |  |   |
| <b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b><br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>No</u>   |  |   | <b>16. SOCIAL SECURITY NO.</b><br><u>486-09-3931</u>                                 |   | <b>17. INFORMANT</b><br>Address<br><u>Mrs. Lola Chapman - Grant City, Missouri</u> |  |   |
| <b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>ANOXIA</u>  |  |   |  |   |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>MINUTES</u>                                    |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>MYOCARDIAL FAILURE</u>  |  |   |  |   |  |  | <u>MINUTES</u>  |
| DUE TO (c) <u>CORONARY OCCLUSION</u>  |  |   |  |   |  |  | <u>MINUTES</u>  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><u>CHRONIC MYOCARDIAL DECOMPENSATION</u>   |  |   |  |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| <b>19. WAS AUTOPSY PERFORMED?</b><br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  | <b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/> | <b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.)   |  |   |  |  |   |
| <b>20c. TIME OF INJURY</b><br>Hour <u>      </u> a.m. <u>      </u> p.m. <u>      </u>  |  | <b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input type="checkbox"/>  |  |   |  |  |   |
| <b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)   |  | <b>20f. CITY, TOWN, OR LOCATION</b>   |  | <b>COUNTY</b>   |  | <b>STATE</b>   |   |
| <b>21. I attended the deceased from</b> <u>1956</u> <b>to</b> <u>NOV 27, 1961</u> <b>and last saw her alive on</b> <u>NOV 27, 1961</u><br><b>Death occurred at</b> <u>3:00</u> <b>P</b> <u>      </u> <b>on the date stated above, and to the best of my knowledge, from the causes stated.</b> |  |   |  |   |  |  |   |
| <b>22a. SIGNATURE</b> (Degree or title)<br><u>Richard J. Smith MD</u>   |  |   |  | <b>22b. ADDRESS</b><br><u>GRANT CITY MO</u>   |  | <b>22c. DATE SIGNED</b><br><u>11-29-61</u>   |   |
| <b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b><br><u>burial</u>   |  | <b>23b. DATE</b><br><u>11-29-1961</u>   | <b>23c. NAME OF CEMETERY OR CREMATORY</b><br><u>Grant City Cemetery</u>              |   | <b>23d. LOCATION</b> (City, town, or county)<br><u>Grant City, Missouri</u>        |  |   |
| <b>24. FUNERAL DIRECTOR</b><br><u>Bill Dungey - Grant City</u>  |  | <b>ADDRESS</b><br><u>      </u>   |  | <b>25. DATE RECD. BY LOCAL REG.</b><br><u>Dec. 5 - 1961</u>   |  | <b>26. REGISTRAR'S SIGNATURE</b><br><u>Lola E. Dungey</u>  |   |

(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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Bill A. Duml

Licensed Embalmer No. 4908

P. O. Address Grant City

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.