

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-001344

STATE FILE NUMBER

DATE AMENDED

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 6

FILED JAN 15 1962

1. PLACE OF DEATH

a. COUNTY

Henry

b. CITY (If outside corporate limits, give TOWNSHIP only)

CLINTON

Length of stay in 1b

3 days

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR
INSTITUTION

Gen Hosp.

Inside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Benton

c. CITY
OR
TOWN

WARSAW

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS

(If outside, give location)

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Middle

Last

BERTHA M. CHAPMAN

4. DATE
OF
DEATH

Month

Day

Year

JAN 7 1962

5. SEX

Female

6. COLOR OR RACE

White

7. Married ☒ Never Married ☐
Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Sept 24, 1888

9. AGE (last birthday)

73

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)

Bolinan, Mo

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

Jenny G. Tellers

13b. MOTHER'S MAIDEN NAME

Sarah Martha Hays

14. NAME OF HUSBAND OR WIFE

C.J. Chapman

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

No

16. SOCIAL SECURITY NO.

488-32-823

17. INFORMANT

C.J. Chapman Warsaw, 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)

Pulmonary Embolism

INTERVAL BETWEEN
ONSET AND DEATH

Immediate

DUE TO (b)

Arteriosclerotic Heart Disease

7-8 yrs.

DUE TO (c)

Conditions, if any,
which gave rise to
above cause (a),
stating the under-
lying cause last.PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal
disease condition given in PART I (a)

Chronic cholecystitis & hepatitis - Postoperative

PART III. If deceased was female was
there a pregnancy in last 90 days.☐ Yes ☐ No ☐ Unknown19. 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

Month, Day, Year

a.m.
p.m.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 1-4-62 to 1-7-62 and last saw her alive on 1-7-62

Death occurred at 5:15 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE

(Deceased or title)

Richard H. King M.D.

22b. ADDRESS

1065.3rd Clinton Mo

22c. DATE SIGNED

1-7-62

23a. BURIAL, CREMATION,
REMOVAL (Specify)

Burial

23b. DATE

JAN 11, 1962

23c. NAME OF CEMETERY OR CREMATORY

Brooking Cemetery

23d. LOCATION (City, town, or county)

Raytown

(State)

Mo.

24. FUNERAL DIRECTOR

ADDRESS

John F. Reser Warsaw

25. DATE RECD. BY LOCAL REG.

JAN. 9-1962

26. REGISTRAR'S SIGNATURE

Mildred Bigum By M.D.

(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 John J Reser

Licensed Embalmer No. 4098

P. O. Address Warsaw

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.