

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-029391

Registration District No. 317 Primary Registration District No. 500 Registrar's No. 2183 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300  
Rev. 4/59  
  
140-31  
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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. **FILED JUL 31 1962**  
a. COUNTY St. Louis

2. **USUAL RESIDENCE** (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo b. COUNTY St. Louis

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Normandy Length of stay in lb 4 days

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Normandy Osteopathic Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) 809 Lindell Reside on Farm Yes  No

3. **NAME OF DECEASED** (Type or print) First Middle Last Tonya Denise Chappius

4. **DATE OF DEATH** Month Day Year 7/25/62

5. SEX F 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced  8. **DATE OF BIRTH** 7/19/62 9. **AGE** (last birthday) IF UNDER 1 YEAR Months 6 IF UNDER 24 HR Days Hours Min.

10a. **USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired) ----- 10b. **KIND OF BUSINESS OR INDUSTRY** ----- 11. **BIRTHPLACE** (City and state or country) Ellisville, Mo. 12. **CITIZEN OF WHAT COUNTRY** USA

13a. **FATHER'S NAME** Jerome Chappius 13b. **MOTHER'S MAIDEN NAME** Betty Brown 14. **NAME OF HUSBAND OR WIFE** -----

15. **WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) ----- 16. **SOCIAL SECURITY NO.** none 17. **INFORMANT** Jerome Chappius, Ballwin, Mo. Address

18. **CAUSE OF DEATH** (Enter only one cause per line for (a), (b), and (c).)  
PART I. **DEATH WAS CAUSED BY:**  
IMMEDIATE CAUSE (a) Dehydration AND MALNUTRITION  
DUE TO (b) Intestinal obstruction - ANNULAR PANCREAS, MALROTATION OF SMALL INTESTINE, BILIARY ATRESIA.  
DUE TO (c) -----  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. **OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH** but not related to the terminal disease condition given in PART I (a) LARGE ATRIAL SEPTAL DEFECT (PRIMUM)

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.)

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 \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ on the date stated above, and to the best of my knowledge, from the causes stated.

22a. **SIGNATURE** (Degree or title) Along Kenton, DO 22b. **ADDRESS** Ellisville, Mo 22c. **DATE SIGNED** 7-26-62

23a. **BURIAL, CREMATION, REMOVAL** (Specify) Burial 23b. **DATE** 7/26/62 23c. **NAME OF CEMETERY OR CREMATORY** Bethel Cemetery, 23d. **LOCATION** (City, town, or county) (State) Pond, Mo.

24. **FUNERAL DIRECTOR** Schrader Funeral Home, Ballwin, Mo. ADDRESS 25. **DATE RECD. BY LOCAL REG.** 7-26-62 26. **REGISTRAR'S SIGNATURE** John C. Murphy, Md.

USE BLACK INK OR TYPEWRITER RIBBON

**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

*NOT EMBALMED*  
Signed *Richard Bopp*

Licensed Embalmer No. *4584*

P. O. Address *Ballwin, 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 shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.