# MISSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042193
STATE FILE NUMBER

Registration District No. 119 Primary Registration District No. 5435 Registrar's No. 57

FILED DEC 1 1 1962

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

1 0370
2 0269 2
3
4 1
5 1
6
7 0
8 2
9 X
10
11 037
12 91-3
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

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

1. PLACE OF DEATH
a. COUNTY: Gasconade
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Boeuf — Length of stay in 1b: Transit
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): 1 Mi. E. of Drake — Inside Limits: Yes ☐ No #

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Cole
c. CITY OR TOWN: Jefferson City — Inside Limits: Yes # No ☐
d. STREET ADDRESS (If outside, give location): 1308 Hough Park Rd. — Reside on Farm: Yes ☐ No #

3. NAME OF DECEASED (Type or print): First ANN Middle ELIZABETH Last CHAPMAN
4. DATE OF DEATH: Month Dec. Day 4, Year 1962
5. SEX: Female
6. COLOR OR RACE: Cau.
7. Married # Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 5-19-1915
9. AGE (last birthday): 47 — 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): St. Thomas, Mo.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Henry Kempker
13b. MOTHER'S MAIDEN NAME: Ella Hollenbeck
14. NAME OF HUSBAND OR WIFE: Russell Chapman
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) ---- (If yes, give war or dates of service) -----
16. SOCIAL SECURITY NO.: 487-28-0879
17. INFORMANT — Address: Russell Chapman--Jefferson City, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Fractured Cranium
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b): Auto Accident
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.): Overturned Auto
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 10:30 AM m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Hugo H. Bunner (Degree or title): Coroner
22b. ADDRESS: Hermann, Missouri
22c. DATE SIGNED: 12-4-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12-6-1962
23c. NAME OF CEMETERY OR CREMATORY: Hawthorn Memorial Gardens
23d. LOCATION (City, town, or county): Jefferson City, (State) Mo.
24. FUNERAL DIRECTOR — ADDRESS: Gideon N. Houser-Jefferson City, Mo.
25. DATE RECD. BY LOCAL REG.: 12-5-1962
26. REGISTRAR'S SIGNATURE: Delma Uffelman

(Licensed Embalmer's Statement on Reverse Side)

DEC 12 1962

MAR 14 1963

MAR 31 1965

**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 Gideon N. Houser

Licensed Embalmer No. 4579

P. O. Address Jefferson City, 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 also shall sign in his OWN handwriting.

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