

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-042329

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 132 Primary Registration District No. 3021 Registrar's No. 219

FILED DEC 14 1962

VS 300
Rev. 4/59

1 0405

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT, OF

| | | | |
|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Grundy | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Grundy | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Trenton | | Length of stay in 1b life | c. CITY OR TOWN Trenton Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 2304 Mabel St.. | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 2304 Mabel St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Clarence Middle Gilbert Last Chappell | | | 4. DATE OF DEATH Month December Day 5 Year 1962 |
| 5. SEX male | 6. COLOR OR RACE white | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH Aug. 4, 1896 |
| 9. AGE (last birthday) 66 | | IF UNDER 1 YEAR Months 66 Days | IF UNDER 24 HR Hours 66 Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Custodian | | 10b. KIND OF BUSINESS OR INDUSTRY school | 11. BIRTHPLACE (City and state or country) Grundy Co. MO. |
| 12. CITIZEN OF WHAT COUNTRY USA | | 13a. FATHER'S NAME John Chappell | |
| 13b. MOTHER'S MAIDEN NAME Laura Stinson | | 14. NAME OF HUSBAND OR WIFE Lois Chappell | |
| 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. [redacted] | 17. INFORMANT Address Mrs. Lois Chappell, Trenton, Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arterio Sclerotic Heart Disease 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | 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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | |
| 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 12-13-59 to 12-5-62 and last saw him alive on 12-5-62 Death occurred at 10:00 A m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE [Signature] | | 22b. ADDRESS Trenton Mo | 22c. DATE SIGNED 12-6-62 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE Dec. 7, 1962 | 23c. NAME OF CEMETERY OR CREMATORY Maple Grove Cemetery | 23d. LOCATION (City, town, or county) (State) Trenton, Missouri |
| 24. FUNERAL DIRECTOR [Signature] Trenton, Missouri | | 25. DATE RECD. BY LOCAL REG. 12-7-62 | 26. REGISTRAR'S SIGNATURE [Signature] |

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 Donald H. Slater

Licensed Embalmer No. 4467

P. O. Address Trenton, Missouri

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.