MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-047377
STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 3028 Registrar's No. 253

FILED JAN 2 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

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USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO.

DOCUMENT BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: CARTHAGE
Length of stay in 1b: 12 YRS.
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): McDUNE BROOKS HOSPITAL
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: JASPER
c. CITY OR TOWN: CARTHAGE
Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): ROUTE 4
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First KENNETH Middle WILLIAM Last CHAPMAN

4. DATE OF DEATH: Month DEC. Day 28 Year 1962

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2-4-50
9. AGE (last birthday): 12
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): SCHOOL
10b. KIND OF BUSINESS OR INDUSTRY: EDUCATION
11. BIRTHPLACE (City and state or country): CARTHAGE, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: CLARENCE LEROY CHAPMAN
13b. MOTHER'S MAIDEN NAME: ROSA LEE HENDRICKS
14. NAME OF HUSBAND OR WIFE: NONE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): NO
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: CLARENCE CHAPMAN Address: CARTHAGE, 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): Peritonitis generalized
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Appendix ruptured
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH: 8 days

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.)
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 26 Dec., to 28 Dec and last saw ~~her~~ him alive on 28 Dec
Death occurred at 9:50 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): F Wendell Pence M.D.
22b. ADDRESS: 612 S. MAIN, CARTHAGE, Mo.
22c. DATE SIGNED: 12-28-62

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 12-31-62
23c. NAME OF CEMETERY OR CREMATORY: OAK HILL CEMETERY
23d. LOCATION (City, town, or county) (State): CARTHAGE, MISSOURI

24. FUNERAL DIRECTOR: ULMER FUNERAL HOME Address: CARTHAGE, Mo.
25. DATE RECD. BY LOCAL REG.: 12-29-62
26. REGISTRAR'S SIGNATURE: Ely Clinton

(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_____ Signed Edwin L. Ehmer

Signature of Student Embalmer

Licensed Embalmer No. 4955

P. O. Address CARTHAGE, 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.