

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-008441  
STATE FILE NUMBER

Registration District No. 318 Primary Registration District No. 1003 Registrar's No. 2595

DO NOT WRITE ON THIS STUB  
AMENDED

VS 300 Rev. 4/59	DATE AMENDED
<u>106068</u>	
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<u>86</u>	

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF DOCUMENT  
ITEM NO. SHOULD READ BY AFFIDAVIT OF

**FILED MAR 14 1963**

1. PLACE OF DEATH  
a. COUNTY Mo.  
b. CITY (If outside corporate limits, give TOWNSHIP only) St. Louis Length of stay in 1b 9 mo.  
c. CITY OR TOWN Branson Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 819 1/2 W. Main Reside on Farm Yes  No

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

3. NAME OF DECEASED (Type or print) First Walter Middle Lynn Last Chapman 4. DATE OF DEATH Month March Day 5 Year 1963

5. SEX M 6. COLOR OR RACE W 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 8/11/1888 9. AGE (last birthday) 74 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) Cafe Operator 10b. KIND OF BUSINESS OR INDUSTRY Cafe 11. BIRTHPLACE (City and state or country) Frosa, Texas 12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME John A. Chapman 13b. MOTHER'S MAIDEN NAME Mary Hudson 14. NAME OF HUSBAND OR WIFE Erna A. Otto

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) 16. SOCIAL SECURITY NO. [redacted] 17. INFORMANT Address Masonic Home of Mo. 5351 Delmar Blvd. Carl J. Stein

18. CAUSE OF DEATH (Enter only one cause per line)  
PART I. DEATH WAS CAUSED BY:  
IMMEDIATE CAUSE (a) Acute Coronary Thrombosis INTERVAL BETWEEN ONSET AND DEATH 10 MIN  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis UNKNOWN  
DUE TO (c) 4201

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 4/10/62 to 3/5/63 and last saw him alive on 3/5/63. Death occurred at 1:33 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Harold E. Walters M.D. 22b. ADDRESS 3720 Washington St. Branson, Missouri. 22c. DATE SIGNED 3-5-63 (State)

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal 23b. DATE 3-6-63 23c. NAME OF CEMETERY OR CREMATORY Branson, Missouri. 23d. LOCATION (city, town, or county) (State)

24. FUNERAL DIRECTOR ADDRESS Albert H. Hoppe Inc., 4700 Washington, Blvd 25. DATE RECD. BY LOCAL REG. MAR 6 1963 26. REGISTRAR'S SIGNATURE Loal Smith, M.D.

**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 Robert M. Murray

Licensed Embalmer No. 3749

P. O. Address St Louis 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.