

FILED FEB 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 2545
723
Registrar's No.

| | | | | | | | | |
|---|--|---|---|---|---|--|-------------------------------------|--|
| BIRTH NO. | | REG. DIST. NO. 318 | | PRIMARY REG. DIST. NO. 1003 | | Registrar's No. | | |
| 1. PLACE OF DEATH a. COUNTY | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) | | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Missouri | | | | a. STATE Missouri | | b. COUNTY St. Francois | | |
| c. LENGTH OF STAY (in this place) | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Esther | | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Missouri Baptist Hospital | | | | d. STREET ADDRESS (If rural, give location) | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) George Logan | | | b. (Middle) Chapman | | c. (Last) Chapman | | | |
| 4. DATE OF DEATH | | Jan 22 1949 | | | | | | |
| 5. SEX Male | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Jan 25, 1870 | | |
| 9. AGE (In years last birthday) 78 | | IF UNDER 1 YEAR Months | | IF UNDER 1 YEAR Days | | IF UNDER 1 YEAR Hours Min. | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister | | | 10b. KIND OF BUSINESS OR INDUSTRY Clergyman | | 11. BIRTHPLACE (State or foreign country) Hopkinsville, Kentucky | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. | |
| 13a. FATHER'S NAME Unavailable | | | 13b. MOTHER'S MAIDEN NAME Unavailable | | | 14. NAME OF HUSBAND OR WIFE Martha Chapman | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No | | | 16. SOCIAL SECURITY NO. Nil | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Floyd Chapman-6955 Pershing Ave., | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MYOCARDITIS - CHRONIC | | INTERVAL BETWEEN ONSET AND DEATH | | | | | | |
| *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | | ANTECEDENT CAUSES | | | | | | |
| DUE TO (b) ARTERIO-SCLEROSIS - GENERALIZED | | | | | | | | |
| DUE TO (c) PROSTATIC CARCINOMA | | | | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) ✓ | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? ✓ | | | | |
| 22. I hereby certify that I attended the deceased from July 1947, to 1/22, 1949, that I last saw the deceased alive on 1/22, 1949, and that death occurred at 11:30 A.M., from the causes and on the date stated above. | | | | | | | | |
| 23a. SIGNATURE (Degree or title) George Penick M.D. | | | | 23b. ADDRESS 812 Olive St. St. Louis 11 Mo. | | 23c. DATE SIGNED 1/22/49 | | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE 1/24/49 | | 24c. NAME OF CEMETERY OR CREMATORY Esther Cemetery | | 24d. LOCATION (City, town, or county) (State) Esther, Missouri | | |
| DATE REC'D BY LOCAL REG. JAN 24 1949 | | REGISTRAR'S SIGNATURE J. B. Sasser | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Albert H. Hoppe-4700 Washington Blvd | | | | |

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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.

Signed Elmer P. Padwell

Signed _____
Student Embalmer

Licensed Embalmer No. 4077

P. O. Address _____

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