

FILED MAY 2 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

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

0-5

BIRTH NO. _____		REG. DIST. NO. <u>11</u>		PRIMARY REG. DIST. NO. <u>4024</u>		Registrar's No. <u>32</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Barry</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cassville</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Barry</u>	
c. LENGTH OF STAY (in this place) <u>0</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Washburn</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Purves Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. AGE (In years last birthday)	
a. (First) <u>Ben</u>		b. (Middle) <u>Chappell</u>		c. (Last) <u>Chappell</u>		6. DATE OF DEATH (Month) (Day) (Year) <u>3-31-1949</u>	
5. SEX <u>male</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>3-30-1879</u>	
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>0</u>		IF UNDER 24 HRS. Days <u>0</u>		IF UNDER 24 HRS. Hours <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>0</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Ed Chappell</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Jane Adams</u>			14. NAME OF HUSBAND OR WIFE <u>Georgia Chappell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>0</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Georgia Chappell-Washburn, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Sattering</u>		II. OTHER SIGNIFICANT CONDITIONS				3 Mo.	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES				3 Mo.	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Cardiac decompensation</u>				3 Mo.	
DUE TO (c) <u>Cardiac decompensation</u>		Conditions contributing to the death but not related to the disease or condition causing death.				3 Mo.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4343</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21f. HOW DID INJURY OCCUR?	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Jan. 22, 1949</u> , to <u>Mar. 31, 1949</u> , that I last saw the deceased alive on <u>Mar. 31, 1949</u> , and that death occurred at <u>8:30 P m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>E. E. McDaniel 2nd</u>				23b. ADDRESS <u>Cassville, Mo.</u>		23c. DATE SIGNED <u>4-9-49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-3-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Horner Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Barry County, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Apr 20-1949</u>		REGISTRAR'S SIGNATURE <u>Grace Williams</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>G. E. Culver</u>		ADDRESS <u>Cassville</u>	

RECEIVED  
District Health Officer No. 6,  
District File Number 449-502  
Date Filed 4-29-49

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 .....  
Student Embalmer

Signed Margaret Culver.....

Licensed Embalmer No. 4389.....

P. O. Address Cassville.....

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.