

FILED AUG 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22929

State File No. \_\_\_\_\_

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

BIRTH NO. _____		REG. DIST. NO. <u>93</u>		PRIMARY REG. DIST. NO. <u>5346</u>		Registrar's No. <u>61</u>	
1. PLACE OF DEATH a. COUNTY <u>Dade</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dade</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Lockwood</u>		c. LENGTH OF STAY (in this place) <u>resident</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lockwood</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Smith Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>Smith Lwp.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Alpha</u>			b. (Middle) _____			c. (Last) <u>Chappell</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>July 19 1949</u>		5. SEX <u>f</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	
8. DATE OF BIRTH <u>Oct 19 1878</u>		9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR Months <u>9</u> Days <u>0</u>		IF UNDER 4 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>House Wife</u>		11. BIRTHPLACE (State or foreign country) <u>Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Richard Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Smith Logan</u>			14. NAME OF HUSBAND OR WIFE <u>Gorley Chappell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Gorley Chappell Lockwood Mo RFD 3</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of the liver</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>2 months</u>  <u>156A</u>	
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) (m.)		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>June 22nd 1949</u> , to <u>July 18th 1949</u> , that I last saw the deceased alive on <u>July 18th 1949</u> , and that death occurred at <u>3:30 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Max Heilbrunn M.D.</u>				23b. ADDRESS <u>Lockwood, Mo</u>		23c. DATE SIGNED <u>July 19th 1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 20 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kings Point</u>		24d. LOCATION (City, town, or county) (State) <u>Dade Co.</u>	
DATE REC'D BY LOCAL REG. <u>7-23-49</u>		REGISTRAR'S SIGNATURE <u>Doc K. Meier 790</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>W.R. Allison Greenfield, Mo.</u>			

RECEIVED JUL 25 1949

District Health Office No. 6,

District File Number 749-863

Date Filed 7-29-49

AUG 26 1949

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.....

*George W. Newcomb*

Signed.....

Student Embalmer

Licensed Embalmer No. 4671

P. O. Address Jackwood, Md

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.