

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31268

State File No.

FILED SEP 28 1950

BIRTH NO. _____ REG. DIST. NO. 273 PRIMARY REG. DIST. NO. 5918 Registrar's No. 62

1. PLACE OF DEATH a. COUNTY Perry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Perry	
b. CITY (If outside corporate limits, write RURAL and give town) Crosstown		c. CITY (If outside corporate limits, write RURAL and give township) Crosstown 0790	
d. FULL NAME OF HOSPITAL OR INSTITUTION Crosstown, Mo.		d. STREET ADDRESS (If rural, give location) Crosstown, Mo.	

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) Vincent	b. (Middle) Paul	c. (Last) Chappius	(Month) September	(Day) 11	(Year) 1950
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH January 25, 1873	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Agriculture	11. BIRTHPLACE (State or foreign country) Perry County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Seymour Chappius	13b. MOTHER'S MAIDEN NAME Philomibe Thomure	14. NAME OF HUSBAND OR WIFE Alice Klobe Chappius
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Alice Chappius, Crosstown, Mo.	ADDRESS Crosstown, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) MEDICAL CERTIFICATION <i>Cardio-Vascular Renal Disease</i>		INTERVAL BETWEEN ONSET AND DEATH 1 yr.
	ANTECEDENT CAUSES Morbld 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.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 20 Mar, 1949, to 11 Sept, 1950, that I last saw the deceased alive on Sept 11, 1950, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Degree or title)	23b. ADDRESS Perryville Mo.	23c. DATE SIGNED 9-12-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept. 13, 1950	24c. NAME OF CEMETERY OR CREMATORY Crosstown Catholic	24d. LOCATION (City, town, or county) (State) Crosstown, Mo.
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DATE REC'D BY LOCAL REG. Sept 13-1950	REGISTRAR'S SIGNATURE <i>[Signature]</i>	25. FUNERAL DIRECTOR'S SIGNATURE 250 <i>[Signature]</i>	ADDRESS Perryville, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

No. 300
10. 48

WRITE PLAINLY—USING UNFADEING 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.

Student
Student Embalmer

Signed.....

Albert Bey

Licensed Embalmer No. *3866*

P. O. Address *Ferrisville, 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 this body is not embalmed, fact should be so stated above.