

FILED AUG 28 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26467

BIRTH NO. _____ REG. DIST. NO. 82 PRIMARY REG. DIST. NO. 3017 Registrar's No. 102

1. PLACE OF DEATH a. COUNTY Cooper 0272		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Boonville 0272	
c. LENGTH OF STAY (in this place) 3 Weeks		d. STREET ADDRESS (If rural, give location) 326 Center Ave. 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital.			

3. NAME OF DECEASED (Type or Print)	a. (First) Floyd	b. (Middle) Richard	c. (Last) Chapman	4. DATE OF DEATH (Month) (Day) (Year) August 21 1951
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5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH December 11 1887	9. AGE (In years last birthday) 63	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 1 MIL. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Minister	10b. KIND OF BUSINESS OR INDUSTRY Methodist Church	11. BIRTHPLACE (State or foreign country) Calhoun, Missouri. 0	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Edgar W. Chapman	13b. MOTHER'S MAIDEN NAME Laura Belle ???	14. NAME OF HUSBAND OR WIFE Ida Mae Lewis Chapman
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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. ---	17. INFORMANT'S SIGNATURE OR NAME Mrs. F. R. Chapman, Boonville, Mo.	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral degeneration		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral arteriosclerosis DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cerebral vascular accident (multiple)			

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) (Min.)	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 July 1951, to Aug 21, 1951, that I last saw the deceased alive on Aug 20, 1951, and that death occurred at 4 P.M., from the causes and on the date stated above.

23a. SIGNATURE W. Paine (Degree or title) MS	23b. ADDRESS Boonville, Mo	23c. DATE SIGNED 8/21/51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE August 23 1951	24c. NAME OF CEMETERY OR CREMATORY Englewood	24d. LOCATION (City, town, or county) (State) Clinton, Missouri.
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DATE REC'D BY LOCAL REG. 8-21-51	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE Goodman & Boller, Boonville, Mo.	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 8-27-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 8-27-51

JUN 29 1954

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. 433

working under my personal supervision.

Student

F. William Kasemann

Student Embalmer

Signed

G. F. Roller

Licensed Embalmer No. 3062

P. O. Address Boonville, 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.