FILED DEC 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

42170

State File No. 4284

BIRTH NO. _____ REG. DIST. NO. 178 PRIMARY REG. DIST. NO. 4662 Registrar's No. 97

1. PLACE OF DEATH
a. COUNTY: LEWIS
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL LA BELLE
c. LENGTH OF STAY (in this place): 9 yrs.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): XXXXX

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: LEWIS
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): RURAL LA BELLE 0560
d. STREET ADDRESS (If rural, give location): NORTH OR LEWISTOWN, MO.

3. NAME OF DECEASED (Type or Print)
a. (First): ALMA
b. (Middle): L.
c. (Last): CHIPMAN

4. DATE OF DEATH: NOV. 19 1951

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAY 18, 1885
9. AGE (In years last birthday): 66 — IF UNDER 1 YEAR: Months 6, Days 1 — IF UNDER 24 HRS.: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY: XXXXX
11. BIRTHPLACE (State or foreign country): NELSONVILLE, MO.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: VAN BUREN SCHOFIELD
13b. MOTHER'S MAIDEN NAME: JENNIE BREAST
14. NAME OF HUSBAND OR WIFE: W. H. CHIPMAN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO
(If yes, give war or dates of service): XXX XXX
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT'S SIGNATURE OR NAME: W. H. CHIPMAN
ADDRESS: LEWISTOWN, MO.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma — INTERVAL BETWEEN ONSET AND DEATH: 5 wks

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.

19a. DATE OF OPERATION: 10-30-51
19b. MAJOR FINDINGS OF OPERATION: Carcinoma involving all glands of neck
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

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22. *I hereby certify that I attended the deceased from* Oct 15th, 1951, *to* Nov 19, 1951, *that I last saw the deceased alive on* Nov 15, 1951 *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE: W. V. Carter (Degree or title): DO
23b. ADDRESS: LaBelle, Mo
23c. DATE SIGNED: 11-20-51

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: NOV. 21, 1951
24c. NAME OF CEMETERY OR CREMATORY: MIDWAY
24d. LOCATION (City, town, or county): MIDWAY (State): MISSOURI

DATE REC'D BY LOCAL REG.: 12-7-51
REGISTRAR'S SIGNATURE: P. H. Jennings M.D.
25. FUNERAL DIRECTOR'S SIGNATURE: Charles Crouch Jr.
ADDRESS: LEWISTOWN, MO.

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 3 1953

Date Received: DEC 1 4
DISTRICT HEALTH OFFICE
District File Number 12-5
Date Filed: DEC 1 4

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 Charles L. Arnold Jr.

Licensed Embalmer No. 4667

P. O. Address LEWISTOWN, MOL

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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