

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1881

FILED JAN 25 1952

BIRTH NO. _____ REG. DIST. NO. 383 PRIMARY REG. DIST. NO. 5655 Registrar's No. 15

0556
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Lawrence		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Monroe	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mt. Vernon		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Paris	
c. LENGTH OF STAY (In this place) 377 days		d. STREET ADDRESS (If rural, give location) 105 E. Monroe	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mo. State Sanatorium			

3. NAME OF DECEASED (Type or Print) a. (First) Daisy b. (Middle) _____ c. (Last) Chapman			4. DATE OF DEATH (Month) (Day) (Year) Jan. 4, 1952		
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 11-25-11	9. AGE (In years last birthday) 40	OF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Fred Higgins		13b. MOTHER'S MAIDEN NAME Jane Houghton		14. NAME OF HUSBAND OR WIFE Harvey Chapman (deceased)	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Ruby Ann Feck, Mt. Vernon, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH abt. 3 yrs
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis			
		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 _____		19b. MAJOR FINDINGS OF OPERATION 002x		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) _____		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 **Dec. 23, 1950, to Jan. 4, 1952**, that I last saw the deceased alive on **Jan. 3, 1952**, and that death occurred at **1:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE C. H. Prasher M.D. (Degree or title)		23b. ADDRESS Mt. Vernon, Mo.		23c. DATE SIGNED 1-4-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 1-4-52		24c. NAME OF CEMETERY OR CREMATORY Not known	
		24d. LOCATION (City, town, or county) Paris		(State) Mo.	

DATE REC'D BY LOCAL REG. Jan 21, 1952		REGISTRAR'S SIGNATURE Paul Henderson		25. FUNERAL DIRECTOR'S SIGNATURE George B. Orr	
		ADDRESS 4110		ADDRESS Mt. Vernon Mo.	

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.....

George B. Orr

Licensed Embalmer No. 946

P. O. Address Mt Vernon 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.