

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

7735

State File No. ....

FILED MAR 25 1952

BIRTH NO. 124 REG. DIST. NO. 68 PRIMARY REG. DIST. NO. 5267 Registrar's No. 6

1. PLACE OF DEATH a. COUNTY <u>Christian Co</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Christian Co</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural. N Galloway</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural. N Galloway</u>	
c. LENGTH OF STAY (in this place) <u>20yrs</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highlandville Mo</u>		d. STREET ADDRESS (If rural, give location) <u>Highlandville, Mo</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Wm</u> b. (Middle) <u>Seymour</u> c. (Last) <u>Chapman</u>			4. DATE OF DEATH (Month) <u>Feb</u> (Day) <u>3</u> (Year) <u>1952</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 12, 1863</u>	9. AGE (In years last birthday) <u>88</u>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>

13a. FATHER'S NAME <u>Stanford Chapman</u>	13b. MOTHER'S MAIDEN NAME <u>Anne Horn</u>	14. NAME OF HUSBAND OR WIFE
---	---	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Anna Clayman</u>	ADDRESS <u>Highlandville</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		INTERVAL BETWEEN ONSET AND DEATH <u>12 months</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Left Ventricular Failure</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio Renal Vascular Syndrome</u>		
DUE TO (c) <u>Senility</u>		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 <u>442X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) (Min.)	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 August 1951, to Feb 3, 1952, that I last saw the deceased alive on Feb 3, 1952, and that death occurred at 11 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Vincent P. M. Conrad M.D.</u>	23b. ADDRESS <u>Ozark Mo</u>	23c. DATE SIGNED <u>2/9/52</u>
--	---------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 3. 52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chapman Cemetry</u>	24d. LOCATION (City, town, or county) (State) <u>Christian Co Mo</u>
--	--------------------------------	--	---

DATE REC'D BY LOCAL REG. <u>3-10-1952</u>	REGISTRAR'S SIGNATURE <u>Luella Leonard</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>T. B. Chaffin</u>	ADDRESS <u>Ozark Mo</u>
--	--	--	----------------------------

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING 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 \_\_\_\_\_

working under my personal supervision.

Student Embalmer No. ....

Signed.....

*F. B. Chaffin*

Signed.....

Student Embalmer

Licensed Embalmer No. 2192

P. O. Address Ozark 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.