

STANDARD CERTIFICATE OF DEATH

11730

State File No.

FILED MAR 19 1952

BIRTH NO. _____ REG. DIST. NO. 347 PRIMARY REG. DIST. NO. 6159 Registrar's No. 13

1. PLACE OF DEATH a. COUNTY <u>Stone</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Williams)</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Williams)</u> 1040	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>W. Of Lampe MO.</u>		d. STREET ADDRESS (If rural, give location) <u>W. Of Lampe MO.</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Clarín</u> c. (Last) <u>Chappell</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3</u> <u>8</u> - <u>5</u> <u>2</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>1-10-1872</u>
9. AGE (In years last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Edith Chappell</u>
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. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Edith Chappell (Wife) Lampe MO.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Diabetes</u> About 14yr INTERVAL BETWEEN ONSET AND DEATH <u>and Diabetic Gangrene</u> 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 260x	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) m.	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 <u>did not treat him</u> , 19 <u> </u> , that I last saw the deceased alive on <u> </u> , 19 <u> </u> , and that death occurred at <u>8AM</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>R.S. Shumate MD</u> (Degree or title)		23b. ADDRESS <u>Reeds Spring Mo</u>	23c. DATE SIGNED <u>3/11/52</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-9-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Owens</u>	24d. LOCATION (City, town, or county) (State) <u>Stone County, MO.</u>
DATE REC'D BY LOCAL REG. <u>3/11/52</u>	REGISTRAR'S SIGNATURE <u>Mr. J. Edgar Blosser</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Nelson Berryville Arkansas</u>	

WRITE PLAINLY—USING UNFAADING 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

Ernest A. Hicks

Licensed Embalmer No. *4823*

P. O. Address *Berquille Arkansas*

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.