

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. 31170

74

FILED SEP 29 1952

BIRTH NO. _____		REG. DIST. NO. <u>100</u>		PRIMARY REG. DIST. NO. <u>5388</u>		Registrar's No. _____	
1. PLACE OF DEATH a. CITY <u>Dent</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dent</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural- Short Bend</u>		c. LENGTH OF STAY (in this place) <u>2 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Short Bend Typ</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>				d. STREET ADDRESS (If rural, give location) <u>Near Sligo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>			b. (Middle) <u>-</u>		c. (Last) <u>Chapman</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>9/22/52</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>May 25 1884</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS Hours Min.
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 <u>X</u>		11. BIRTHPLACE (City and State or Foreign County) <u>Dent Co Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U</u>	
13a. FATHER'S NAME <u>Dabney Chapman</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Freeman</u>		14. NAME OF HUSBAND OR WIFE <u>Elna Lynn</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, specify unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>X</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Earl Chapman Sligo 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, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Metastatic Cancer of Larynx</u> ANTECEDENT CAUSES DUE TO (b) <u>. Ca of Lt. jaw.</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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 <u>1/25/52</u> 19 <u>52</u> , to <u>9/22/52</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>9/22/52</u> , 19 <u>52</u> , and that death occurred at <u>9:45 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Joseph R. Burnett</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>Salem, Mo</u>		23c. DATE SIGNED <u>9/25/52</u>	
24a. BURIAL/CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>9/24/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sligo Cem</u>		24d. LOCATION (City, town, or county) (State) <u>Sligo Mo</u>		
DATE REC'D BY LOCAL REG. <u>9-25-52</u>		REGISTRAR'S SIGNATURE <u>M. M. Hart, M.D. by M. G. B.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Chas. D. Spencer</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

2
 1330
 1

STATEMENT BY LICENSED EMBALMER

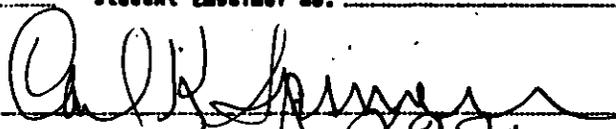
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed



Licensed Embalmer No. 9374

P. O. Address. Salem, 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.