

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39898

State File No. _____

FILED NOV 17 1952

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 4462 Registrar's No. 358

1. PLACE OF DEATH a. COUNTY <u>ST. FRANCOIS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence, before admission) a. STATE <u>MO.</u> b. COUNTY <u>ST. FRANCOIS</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>ELVINS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BISMARCK 0940</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Billie</u> b. (Middle) <u>J.</u> c. (Last) <u>CHAPMAN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>NOV. 5 1952</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>Sept 9-1945</u>	9. AGE (In years last birthday) <u>7</u>	# UNDER 1 YEAR Months <u>1</u> Days <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>STUDENT</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>SCHOOL</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>FRONDALE, MO.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>James Harry Chapman</u>	13b. MOTHER'S MAIDEN NAME <u>Frieda Gray</u>	14. NAME OF HUSBAND OR WIFE <u>NONE</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mr. John E. Keay Jr.</u> ADDRESS <u>Bismarck, MO.</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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coroner Jury Verdict: by accidental drowning at Elvins, Mo.</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) <u>Drowning</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>E 9290</u> <u>22</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>094</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	---	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Elvins St. Francois Missouri</u>
--	--	--

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Nov. 5, 1952 7:00 AM</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Drowning in well, accidently</u>
---	---	--

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Bert G. Miller</u> (Degree or title) <u>3 coroner</u>	23b. ADDRESS <u>Farmington, MO</u>	23c. DATE SIGNED <u>11/6/52</u>
---	------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>11-8-1952</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MASONIC</u>	24d. LOCATION (City, town, or county) (State) <u>BISMARCK MO.</u>
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>Nov. 8, 1952</u>	REGISTRAR'S SIGNATURE <u>Ethel Ludloff</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>SHIPMAN & SONS</u> ADDRESS <u>BISMARCK, MO.</u>
--	--	---

(Licensed Emballer's Statement on Reverse Side)

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

1940
3

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

John N. Shipman

Licensed Embalmer No. *4881*

P. O. Address *Bismarck, 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.