

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **7032**

FILED MAR 3 - 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **3049** Registrar's No. **37**

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

1. PLACE OF DEATH a. COUNTY <b>Pemiscot</b>		2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE <b>Missouri: HT. 1A3</b> b. COUNTY <b>Pemiscot</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Hayti</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Caruthersville, MO. RURAL</b>	
c. LENGTH OF STAY (in this place) <b>3 Days</b>		d. STREET ADDRESS (If rural, give location) <b>1511 Davis Avenue</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Pemiscot Memorial Hosp.</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>Cecil</b> b. (Middle) <b>X</b> c. (Last) <b>Chappell</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 23, 1953</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>June 7, 1918</b>	9. AGE (In years last birthday) <b>34</b>	IF UNDER 1 YEAR Months Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Automobile</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Bogota, Tennessee</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>

13a. FATHER'S NAME <b>William Percy Chappell</b>		13b. MOTHER'S MAIDEN NAME <b>Mattie Petty</b>		14. NAME OF HUSBAND OR WIFE <b>Doris Goodale Chappell</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>X</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Doris Goodale Chappell C'ville, Mo.</b>	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Brain tumor metastatic</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 mo</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Carcinoma Lung</b>		<b>6 mo?</b>	
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>162x</b>			

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) (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 **Feb 9, 1953**, to **Feb 23, 1953**, that I last saw the deceased alive on **Feb 23, 1953**, and that death occurred at **10:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Daniel R. Hawley MD</b>		23b. ADDRESS <b>Caruthersville</b>		23c. DATE SIGNED <b>2/26/53</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Feb. 26, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Maple Cemetery</b>	
				24d. LOCATION (City, town, or county) (State) <b>Caruthersville, Mo.</b>	

DATE REC'D BY LOCAL REG. <b>2-26-53</b>		REGISTRAR'S SIGNATURE <b>John H. Herman</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H.S. Smith Funeral Home C'ville, Mo.</b>	
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PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

FEB 28 1953

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 W. Denver Dike

Licensed Embalmer No. 4484

P. O. Address Caruthersville 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.

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