

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

10808

State File No. 49

No. 300  
10.48

FILED MAR 25 1953

BIRTH NO. _____		REG. DIST. NO. <u>267</u>		PRIMARY REG. DIST. NO. <u>3049</u>		Registrar's No. <u>49</u>		
1. PLACE OF DEATH a. COUNTY <u>PEMISCOT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>PEMISCOT</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>HAYTI</u>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>PARROTHERS VILLE</u>		d. STREET ADDRESS (If rural, give location) <u>151 DAVIS ST.</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>PEMISCOT COUNTY MEMORIAL</u>				4. DATE OF DEATH (Month) (Day) (Year) <u>FEB. 23, 1953</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>CECIL</u>		b. (Middle)		c. (Last) <u>CHAPPELL</u>		4. DATE OF DEATH (Month) (Day) (Year)		
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>JUNE 7, 1919</u>		
9. AGE (In years last birthday) <u>34</u>		IF UNDER 1 YEAR Months Days		IF UNDER 2 HRS. Hours Min.		11. BIRTHPLACE (State or foreign country) <u>TENNESSEE</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MECHANIC</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>PEM. AUTO SALES</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		
13a. FATHER'S NAME <u>W. P. CHAPPELL</u>			13b. MOTHER'S MAIDEN NAME <u>MATTIE PETTEY</u>			14. NAME OF HUSBAND OR WIFE <u>DORRIS CHAPPELL</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Dennis Chappell - Home</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Brain tumor metastatic to lung</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma Lung</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>10 weeks</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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> HOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>Jan 7, 1953</u> , to <u>Feb 13, 1953</u> , that I last saw the deceased alive on <u>Feb 3, 1953</u> , and that death occurred at <u>10:46 Am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Dennis R. Hamrick</u>				23b. ADDRESS <u>Crentonville</u>		23c. DATE SIGNED <u>3/17/53</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>2-25-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u>		24d. LOCATION (City, town, or county) (State) <u>C. Wille, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-21-53</u>		REGISTRAR'S SIGNATURE <u>John St. Herman</u>		406		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. S. Smith Funeral Home</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

07810

3-96-53

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

MAR 23 1953

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**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.

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

**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.