

FILED SEP 15 1953

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30899

Registrar's No. 285

BIRTH NO. _____		REG. DIST. NO. 1		PRIMARY REG. DIST. NO. 3000		Registrar's No. 285		
1. PLACE OF DEATH a. COUNTY <b>Adair</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Sullivan</b>				
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kirksville</b>		c. LENGTH OF STAY (in this place) <b>3 weeks</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Green Castle</b>		1050		
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Laughlin Hospital</b>				d. STREET ADDRESS (If rural, give location) <b>No street address</b>				
3. NAME OF DECEASED (Type or Print)		a. (First) <b>Charles</b>		b. (Middle) <b>Jacob</b>		c. (Last) <b>Chappell</b>		
4. DATE OF DEATH		(Month) <b>Aug.</b>		(Day) <b>19,</b>		(Year) <b>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>Nov. 15, 1872</b>		
9. AGE (In years last birthday) <b>80</b>		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) <b>Minister</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Methodist Church</b>			11. BIRTHPLACE (State or foreign country) <b>Missouri</b>		
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>			13a. FATHER'S NAME <b>Oscar J. Chappell</b>		13b. MOTHER'S MAIDEN NAME <b>Margaret Felker</b>		14. NAME OF HUSBAND OR WIFE <b>Lucy Olive Chappell</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lucy Chappell, Green Castle, 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Intestinal obstruction due to widespread metastatic carcinoma</b> ANTECEDENT CAUSES <b>Primary carcinoma of cecum</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Partial cecectomy March 1953</b> Conditions contributing to the death but not related to the disease or condition causing death. <b>Carcinoma 153X</b>					INTERVAL BETWEEN ONSET AND DEATH <b>unknown 3-53</b>	
19a. DATE OF OPERATION <b>8-1-53</b>		19b. MAJOR FINDINGS OF OPERATION <b>Entero-enterostomy to relieve intestinal obstr.</b>					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 <b>7-30-53, 19</b> to <b>8-19-53, 19</b> , that I last saw the deceased alive on <b>8-19-53</b> , and that death occurred at <b>4:03 P.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Carl Haysler Jr.</b>				23b. ADDRESS <b>D.O. Kirksville, Mo.</b>		23c. DATE SIGNED <b>9-8-53</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Aug. 22, 1953</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Green Castle Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Green Castle, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>9-11-53</b>		REGISTRAR'S SIGNATURE <b>Kate Lambert</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Glenn E. Kent &amp; Son, Green City, Mo.</b>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADEING 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 Carl R. Kent.....

Licensed Embalmer No. 4689.....

P. O. Address Green City, 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.