

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **19582**
Registrar's No. **128**

FILED JUL 6 1954

BIRTH NO. _____ REG. DIST. NO. **187** PRIMARY REG. DIST. NO. **3440**

592

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

1. PLACE OF DEATH a. COUNTY Livingston		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Livingston	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Chillicothe		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Sampsel Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Chillicothe Hospital		d. STREET ADDRESS (If rural, give location) R. R. #4 Chillicothe, Missouri	

3. NAME OF DECEASED (Type or Print) a. (First) Dorr b. (Middle) Ezra c. (Last) Chapin Jr.			4. DATE OF DEATH (Month) (Day) (Year) June 30, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 9, 1902	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR: Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman		10b. KIND OF BUSINESS OR INDUSTRY Cook Paint-Varnish Co.		11. BIRTHPLACE (City and State or Foreign Country) Shreveport, Louisiana	
12. CITIZEN OF WHAT COUNTRY? U. S.					

13a. FATHER'S NAME Dorr Ezra Chapin Sr.	13b. MOTHER'S MAIDEN NAME Nan	14. NAME OF HUSBAND OR WIFE Gladys Mast Chapin
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 486-03-1650	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS Mrs. Dorr Chapin; R. R. 4 Chillicothe, Mo.
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		
	ANCECEDENT CAUSES 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 Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) 331 X
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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? _____
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22. I hereby certify that I attended the deceased from **June 14, 1954** to **June 30, 1954** that I last saw the deceased alive on **June 29, 1954**, and that death occurred at **Chillicothe, Mo.** from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. W. Carpenter M.D.	23b. ADDRESS Chillicothe, Mo. 6-30-54	23c. DATE SIGNED _____
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24a. BURIAL OR CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-2-54	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah	24d. LOCATION (City, town, or county) (State) Kansas City, Missouri
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DATE REC'D BY LOCAL REG. 6-30-54	REGISTRAR'S SIGNATURE Frances B. Neill	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Norman Funeral Home; Chillicothe, Mo.
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VS NOV 24 1959

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 _____

Elton R. ...

Licensed Embalmer No. 4036

P. O. Address. Chillicothe, Missouri.

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.