

STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH
 a. COUNTY JACKSON
 b. CITY (If outside corporate limits, write RURAL and give town) Kansas City
 c. LENGTH OF STAY (in this place township) 4 1/2 yrs
 d. FULL NAME OF HOSPITAL OR INSTITUTION 6820 THE PASSEO

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
 a. STATE Missouri b. COUNTY JACKSON
 c. CITY OR TOWN KANSAS CITY
 d. Is Residence within limits of a city or incorporated town? Yes No
 e. STREET ADDRESS (If rural, give location) 891 6820 THE PASSEO 3878

3. NAME OF DECEASED
 a. (First) PEARL b. (Middle) ELIZABETH c. (Last) CHAPPLE
 (Type or Print) **4. DATE OF DEATH** (Month) July (Day) 4 (Year) 1954

5. SEX FEMALE **6. COLOR OR RACE** White **7. MARRIED, NEVER-MARRIED, WIDOWED, DIVORCED (Specify)** MARRIED
8. DATE OF BIRTH FEB. 25, 1891 **9. AGE** (In years last birthday) 63 **10. AGE** (In years) 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) HOUSEWIFE **10b. KIND OF BUSINESS OR INDUSTRY** HOME **11. BIRTHPLACE** (City and State or Foreign Country) CRAWFORD CO. KANSAS **12. CITIZEN OF WHAT COUNTRY?** U.S.A.

13a. FATHER'S NAME JESSE REED **13b. MOTHER'S MAIDEN NAME** ELIZABETH PAINTER **14. NAME OF HUSBAND OR WIFE** HARRY E. CHAPPLE

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) **16. SOCIAL SECURITY NO.** NONE **17. INFORMANT'S SIGNATURE OR NAME** HARRY E. CHAPPLE **ADDRESS** 6820 PASSEO K.C. MO.

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.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) arterio sclerotic heart disease
ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) arterio sclerosis
 DUE TO (c) advanced age
II. OTHER SIGNIFICANT CONDITIONS
 Conditions contributing to the death but not related to the disease or condition causing death.
INTERVAL BETWEEN ONSET AND DEATH 6 mo.
? yrs
4200

19a. DATE OF OPERATION _____ **19b. MAJOR FINDINGS OF OPERATION** _____ **20. AUTOPSY?** YES NO

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) _____ **21e. INJURY OCCURRED** WHILE AT WORK NOT WHILE AT WORK **21f. HOW DID INJURY OCCUR?** _____

22. I hereby certify that I attended the deceased from Dec. 11, 1953, to July 4, 1954, that I last saw the deceased alive on July 3, 1954, and that death occurred at 6:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE R. Paul Wright (Degree or title) M.D. **23b. ADDRESS** Kansas City, Mo. 1324 Prof. Bldg. **23c. DATE SIGNED** July 6-54

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL **24b. DATE** July 7, 1954 **24c. NAME OF CEMETERY OR CREMATORY** FLORAY HILLS CEMETERY **24d. LOCATION (City, town, or county) (State)** KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 7-7-54 **REGISTRAR'S SIGNATURE** Geraldine Smith **25. FUNERAL DIRECTOR'S SIGNATURE** D. W. McManis **ADDRESS** 1330 Brush Creek Kansas City, Mo.

WRITE PLAINLY—USING UNFADING 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.....
Signature of Student Embalmer

Signed *Clare V. Can Jr.*.....

Licensed Embalmer No. *493*.....

P. O. Address *K.C. 10, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.