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THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED AUG 31 1955

State File No. 466  
Registrar's No. 466

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007

1. PLACE OF DEATH a. COUNTY Butler		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Arkansas b. COUNTY Clay	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Poplar Bluff		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Corning, Rural, Cleveland	
c. LENGTH OF STAY (in this place) 30 min.		d. STREET ADDRESS (If rural, give location) Route 1.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Doctors Hospital			

3. NAME OF DECEASED (Type or Print)	a. (First) Horace	b. (Middle) Edward	c. (Last) Chappell	4. DATE OF DEATH (Month) (Day) (Year) August 12, 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 14, 1896	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Days 6	IF UNDER 24 HRS. Hours 28
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Merchant	10b. KIND OF BUSINESS OR INDUSTRY Self	11. BIRTHPLACE (City and State or Foreign Country) Flat River, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Fred Chappell	13b. MOTHER'S MAIDEN NAME Annie Owens	14. NAME OF HUSBAND OR WIFE Mevil Riley
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 327-10-9013	17. INFORMANT'S SIGNATURE OR NAME Mevil Chappell	ADDRESS R-1, Corning, Ark.
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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) Coronary Occlusion		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerotic Heart Disease DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. 4200			

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)
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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 Aug. 12, 19 55, to Aug. 12, 19 55, that I last saw the deceased alive on Aug. 12, 19 55, and that death occurred at 9:55A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Marvin L. Baird, M.D.	23b. ADDRESS Poplar Bluff, Missouri	23c. DATE SIGNED Aug. 19-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-14-1955	24c. NAME OF CEMETERY OR CREMATORY Black Cemetery	24d. LOCATION (City, town, or county) (State) Success, Ark. Route
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DATE REC'D BY LOCAL REG. 8/21/55	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE [Signature]	ADDRESS Corning, Ark.
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489-0 (Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED  
AUG 29 1955  
BUTLER CO. HEALTH CENTER  
FILE No. \_\_\_\_\_

SEP 21 1955

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 \_\_\_\_\_

-----Me-----

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Richard P. Emmer

Licensed Embalmer No. 782

P. O. Address Gorning, Ark.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.